

# THE ALKAЛОІDAL CLINIC

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A Monthly Journal Devoted to Accuracy in Therapeutics, with Practical Suggestions Relating to the Clinical Application of the Same.

EDITORIAL STAFF

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ADDRESS

THE ALKAЛОІDAL CLINIC  
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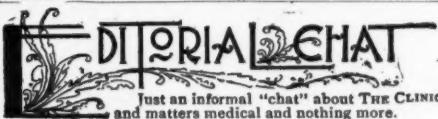
**ARTICLES** on subjects coming within the scope of the different departments of this journal are solicited from all our readers. For each one used, if desired, we will supply the writer with twenty-five copies containing the same, or will send THE ALKAЛОІDAL CLINIC for three months to any ten physicians whose names and addresses accompany the article. Write on one side of the paper, and every other line only; say what you mean to say and be brief and plain.

**QUESTIONS** of probable interest to our readers will be answered in our Queries Department. We expect these to add much of value to our pages.

**OUR AIM** is to make this journal a helpful and informal interchange of thought and experience between those actively engaged in the treatment of the sick.

ADDRESS AS ABOVE

Entered at the Chicago Post Office as second-class matter.



Just an informal "chat" about THE CLINIC  
and matters medical and nothing more.

DR. ATKINSON.

The Columbus meeting marked the passing of a familiar figure, Dr. Wm. B. Atkinson being replaced as secretary by Dr. Simmons, the new editor of the Association journal. Dr. Atkinson has held this place for a quarter of a century, despite the efforts of those who from time to time coveted the place or "had it in" for the incumbent. Dr. Atkinson, however, always had hosts of friends whom he had obliged by many acts of courtesy or who

were attracted by his kindly personality. We trust his successor may as admirably temper his duty by kindness.

TO CORRECT AN ERROR.

It was our faithful intention to tender this correction in the June CLINIC but the matter was overlooked. On page 345 of the May CLINIC the reply to Query 506, 5th line from bottom, "qualitative" should read quantitative, quite a different thing; while the first line from the bottom reads "222° C" and should read 100° C. Just how these errors occurred it is impossible to say. The types will do strange things. The careful reader will correct his May journal as above.

THEY WANT ROBINSON, SO DO WE.

Another city has shown its discernment by calling Byron Robinson to the chair of Gynecology and Abdominal Surgery in its medical college. But Dr. Robinson is too wise to leave the greatest city on earth. Meanwhile his great work on "The Peritoneum" and his later works, "The Abdominal Brain and Automatic Visceral Ganglia," and "Colpopericineorrhaphy or The Vagina and Perineum and How to Mend Them," continue to receive the approbation of all thinking men.

THE FRENCH LICK SPRINGS CONTROLLED BY MR. FRANK A. HENRY.

It should be of interest to our readers to learn that Mr. Frank A. Henry, of Louisville, Ky., well known to the profession as an eminent pharmaceutical chemist through the introduction of his justly celebrated "Henry's Trichlorides," etc., has purchased a controlling interest in the famous

old French Lick Springs at French Lick, Ind. These historic waters have for many years, attracted numbers of the sick, but since Mr. Henry has assumed control, it is said that there is "standing room only."

This is but a just tribute to worthy management, and is an earnest of the success that attends able effort when well directed.

Mr. Henry, with characteristic energy is pushing forward and perfecting extensive arrangements for the bottling of these waters, aiming, through the medical profession, to put them within easy reach of all those who may profit thereby. The CLINIC wishes him abundant success.

#### PREVENTION OF SEXUAL DISEASE.

Dr. C. C. Seabrook, of Burlingame, Kansas, presented a valuable paper to the Kansas Medical Society, on the *Rational Treatment of Ovarian and Uterine Diseases*. He calls attention to the need of intelligent supervision and education from childhood, the enforcement of correct hygiene of the sexual apparatus and the need of enlightenment of its possessor from the time activity begins to stir in it; and of modesty even after marriage, with wholesome self-restraint.

#### PROF. NEISWANGER'S CLINICAL COURSE.

Our readers have learned to value the teachings of Professor Neiswanger, who has for years contributed to the CLINIC from his stores of information on matters electrical. Dr. Neiswanger has had the very great practical experience derived from his connection with the McIntosh Company, and this gave his teachings that adaptability to every day work that attracted the attention of the CLINIC. We are glad to announce that Prof. Neiswanger has been compelled by the growing demands on him as a teacher to sever his connection with the electrical company,

and now devotes his entire time to teaching clinical electro-therapeutics. He gives weekly courses, two hours daily (in addition to the clinics at the Post Graduate Hospital), at his office, No. 825 Marshall Field Building Readers who desire instruction should not neglect this opportunity.

#### AN IMPORTANT MEETING.

Arrangements are fast being consummated for a great meeting of the doctors of the Mississippi Valley in Chicago in October next. Chicago will be in its pleasantest mood in this month, and we hope all our valley friends will be here. Formal announcements later.

#### MEMBRANOUS CROUP AND DIPHTHERIA.

Dr. V. A. Gwinn doubts the identity of membranous croup and diphtheria. The latest phase of this controversy has developed the view that *some* cases of the former are not diphtheritic, though undistinguishable morphologically from laryngeal diphtheria. And this seems to be confirmed by several reports we have received of the failure of iodized calcium in true diphtheria, and Dr. Gwinn's failure with calcium sulphide in true croup.

#### COMMERCIALISM.

A subscriber asks to have his CLINIC discontinued on the ground that it is "commercial"—because it gives tangible returns for the price asked, we suppose. Well, many thousands agree, but they ask to be continued. Dr. Jordan, of Beaumont, Texas, voices the general sentiment by his letter of this morning in which he says:

"For years I have taken five or six medical journals but the CLINIC is best of all. It is not only more interesting but there are more practical facts to be gleaned from it than from all the rest put together. I have been in the practice of medicine over 40 years."

When we get a kick we look up the date of graduation of the kicker and we almost invariably find, as in the above instance, that the petals have as yet scarcely fallen from the graduation bouquet. Then we say to ourselves—"God bless you, Doctor, you'll know more further on."

#### THE FIFTIETH ANNIVERSARY OF THE A. M. A.

The meeting of the American Medical Association at Columbus was a success as to the attendance, and above the average in the quality of the papers presented. Columbus is a clean city, the streets being kept in a very creditable condition, but the water was exceptionally bad. Never outside of St. Louis has the writer had such a muddy fluid supplied for table use at any hotel claiming and charging for first-class accomodation. And the canny "buckeyes" surely did charge! The houses whose published rates ranged from \$2.00 to \$4.00 collected the top rates from all hands for inside rooms, and where several guests were crowded into one. The weather was sultry, so that the sentiment was freely expressed that hereafter the meetings should be held only at seaside, lakeside or mountain cities. This undoubtedly influenced the selection of Atlantic City as the place for the next meeting.

#### THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Did its best to alienate its friends and injure the A. M. A. It showed its willingness to ride roughshod over the weak, and use whatever power it possessed to harm its competitors, regardless of any thought of justice. The Southern colleges are not in shape to raise the requirements to four years. Money is too scarce in the South to permit this. The treatment of their representatives was certainly unwise, scarcely courteous. Three colleges applied for membership. The judicial committee of the Association reported that the three in-

stitutions had complied with all the requirements of the Association, and recommended their admission. This was refused however at the solicitation of Dr. Ingalls, of Rush, on the plea that one of the applicants was dominated by a religious body, and that the others were night schools, where the students are employed during the day and attend the college in the evenings. Neither of these objections has any foundation in the rules, regulations or other laws of the Association, hence the latter must be considred a lawless body, not governed by its own laws, or amenable to the common law, as it is not incorporated. This reduces its status to that of an irresponsible association of individuals, and should prove destructive to its influence. Any legal or official recognition of such an association is preposterous, and would hardly stand in law.

Whether the objections of the Rush delegate are just we leave to our readers. Many will fail to see why a religious training renders a man unfit for the medical profession. As to the night schools, we are not so constituted as to think less of a man who is willing to spend his evenings in acquiring a medical education, while his fellows are resting or enjoying themselves. In fact, we rather fancy that breed, and after twenty years of teaching medicine can say we never taught more attentive, intelligent or capable students. We have not found any reason to value the education received at the night schools below that of the ordinary day school, and the night-school graduate has worked as hard, passed as good examinations and succeeded as well in practice as his competitors.

There is a good deal of talk attributed to the Rush faculty, as to the desirability of excluding poor men from the medical profession, of requiring at least \$5,000 to be possessed by a man before he can become a student, etc. How much of a response does this sentiment meet in the American heart?

## THE PHARMACOPEIA.

Very interesting were the discussions in the Section of Therapeutics. The gentlemen who are engaged in the revision of the Pharmacopœia proposed some very important changes. These permit the introduction of patented synthetic remedies of definite chemical composition, such as antipyrin, trional, etc., but forbid all secret compounds, which are practically prescriptions and not definite chemical substances.

The objection that will undoubtedly be raised to this is that it admits the products of the German chemical works, while it shuts out all the St. Louis specialties.

The field of organic chemistry is open to all alike; and if American pharmacists prefer the easy work of putting up a more or less valuable formula to researches in the realm of synthetic chemistry, such as has proved so fruitful to the Europeans, it is their own choice.

The discussion, however, took a much wider range, and one more directly interesting to us as physicians. The Pharmacopœia is used by very few physicians. The American Medical Association embraces in its fellowship less than 10,000 of the 120,000 doctors of this country. The journal that above all others represents these ready-made mixtures claims a subscription list of over 40,000. Every manufacturer we have conversed with on the subject testifies to the eagerness of the profession for compounds, by which they may treat diseases without the trouble of making their own prescriptions.

Why is this? Professor Butler placed the blame where it belongs by attributing it to faults in the teaching of therapeutics. The average medical graduate knows very little about therapeutics. He is at sea when he attempts to prescribe. Take Butler's own work for example. Not more than one-tenth of the articles it describes are ever used by any physician. Were these dropped, and the space used to give full in-

formation concerning what was left, the value of the book would be ten fold greater.

## THE DOCTOR'S NEEDS.

The question was asked whether the average physician could successfully practise his profession on the Pharmacopœia alone. The universal opinion was that he could not compete with the homeopathists and others. When the writer began practice he took the standard authorities as his guide and made his own prescriptions exclusively. He soon won the unenviable reputation of 'ordering the vilest messes any doctor ever asked a human being to take.' He found that his competitors used the elixirs, the compound hypophosphites and bitter wine of iron, where he used Huxham's tincture; and where he gave cod-liver oil, they gave Scott's Emulsion, Hydroleine or Wampole's preparation, which contains morrhual, but not the oil. And though this seemed to be leaving out the substance and emasculating the agents, it was somewhat doubtful if they did not get about as good results as he did. While the personal force of an exceptional man may win recognition in spite of his disagreeable doses, there is always a percentage of his practice that will stay away from him on account of them; and this percentage is apt to represent his profit.

But how is this state of things to be remedied? By making the official works like the Pharmacopœia what the doctor wants, needs and must have. Forty men find the *Brief* enough to their liking that they buy and pay for it, to one who buys the Pharmacopœia. Are we then to transform the latter into a system of ready-made formulas for the treatment of diseases by name, and let our noble science degenerate into a nickel-in-the-slot system?

Begin at the foundation, and teach our students a rational system of therapeutics, one they can comprehend to start with and build upon as they advance in experience.

## THE REMEDY.

The greatest difficulty in our present system is the lack of certainty as to the action of medicinal agents, owing to their variability of composition. Take those that are uniform, of definite chemical composition, stable, and procurable in a state of chemical purity, whether synthetic or from natural sources, and let their action be thoroughly studied. How can anyone scientifically study an agent that is one thing today and something altogether different tomorrow? What sort of an impression does it make on a student to be told that digitalis may strengthen a weak heart or stop it entirely; that jaborandi may cause sweating or dry it up; that hyoscyamus may put the patient to sleep or make him more wakeful, with a fair chance of throwing him into fits; that ergot may check hemorrhage or cause convulsions?

Sweep aside the whole mass of trashy data founded on these variable and shifting bases, and give us a new therapy founded on certainties; whether they be alkaloids or synthetics is immaterial, but, in God's name, give us something we can trust. Let this new science be connected with a study of disease conditions, such as are to be found in many affections. Let the student be taught to distinguish hyperemia, auto-toxemia, anemia, neurasthenia, fever, defective elimination, mal-assimilation, and indigestion; let him learn the elementary principles of sanitation and the effects of cold, heat and water, as causes and cures of disease, and you will have a doctor better prepared to cope with disease than if he were able to give the doses of every officinal drug in the *Pharmacopœia* and *Dispensatory*.

## THE ASSOCIATION JOURNAL

Was freely criticised for having in its handsome souvenir number some advertisements of secret proprietary remedies. For goodness' sake, let the journals alone.

They give their readers what they want. If these things were not bought by doctors the makers would have no money to advertise them. If you don't want doctors to use ready-made prescriptions, educate the student so that he won't need them.

There are a few journals that especially pride themselves on their exceptional purity in refusing such advertisements. These publications may have other redeeming traits, but they evidently set little store on them, as their editorials are largely made up of praises of their own goodness in the ad. line and condemnations of their contemporaries who do not follow their example. The charge of Phariseeism is brought against them in consequence. Really, we believe there are qualities more desirable in a medical journal than the strictest censorship of the advertising pages.

## ANCIENT HISTORY.

We had an interesting presentation of ancient history from the progressive East. We were told that opium is preferable to morphine and the other thebaic alkaloids, because the combination of agents gives a different effect, better in diarrhea, for instance, and in diabetes. This is a relic of the discussion aroused by the introduction of morphine, and may be found almost verbatim in the text-books of forty years ago. A little further back may be found the discussion on the substitution of quinine for cinchona. It was shown by analysis of hundreds of cases that the crude cinchona had a clear superiority over the alkaloid in stopping ague chills. But the profession has wholly gone over to quinine, although these statistics have never been disproved, because the advantages of the alkaloid have been recognized, and its own therapy has grown up and supplanted that of its mother. And it has been also recognized that the personal feelings of the man who makes observations and statistics must be calculated and allowed for in such calculations.

Another illustration occurred to show how the world moves. Dr. Culbertson read a paper on the uses of magnesium sulphate. Falling in with the trend of thought, your editor remarked that according to the old idea the speaker made a mistake in attributing such value to this one ingredient of the water of the Epsom spring. It is well known that magnesia is but one of the ingredients though the leading *Active Principle* of this justly celebrated water, and its virtues are attributable rather to the union of all the elements present. Not to mention the iron, lime, sulphates, chlorides and other mineral constituents, existing in variable proportions, there are the organic substances supplied by the surrounding country, and varying with the rainfall; the zoological specimens, according to the prevalence of various zymotic diseases in the area drained into the spring, and the June bugs and similar insects drowned in the water. We particularly insist on the June bugs. They and the other ingredients were placed there by the hand of Nature. It was evidently intended that they were to be used, or they would not have been put there. In fact, the preference for the chemically pure active principle of the spring, of definite and uniform composition, easily and cheaply procurable, whose properties are well-known and have been studied as accurately as any remedial agent can be, is an illustration of the irreligious, atheistic tendencies of the age, and should be discredited by all sober-minded, right-thinking physicians. There is a natural harmony in nature that should be left undisturbed. As the sun moves among the planets, so the main active principle in a plant is surrounded by its satellites, and this natural combination should not be interfered with.

Now don't set this down as unadulterated nonsense, friends, but look back to the time when it was first suggested that Epsom salts be employed instead of the

Epsom water, and you will find this identical language, these very arguments, adduced as "scientific" (God save the mark!) objections to the proposed change. Nor were they ever overthrown; but the world gradually got into the habit of using the salt, and its own therapy grew up; so that now, except for the name, no one ever thinks of connecting the sulphate of magnesium with water of the Epsom springs.

#### THE OUTLOOK.

And so it is with the other active principles of waters and of plants. The artificial Carlsbad salts have acquired a reputation that warrants the foremost clinicians of Germany in pronouncing them superior to the water of the Carlsbad spring. Quinine, strychnine, morphine, atropine, pilocarpine, cocaine and other alkaloids have forced themselves on the profession, making a place for themselves, a therapy of their own, similar to but not identical with that of their parents. The others are following.

But we are not willing to wait for the slow growth of human knowledge. We want a revolution. We want our fellows to recognize the tremendous increase in their power of combating disease they can obtain by adopting the alkaloids generally, and by the closer study of disease processes rendered necessary thereby. We want them to experience the sense of power in the possession of weapons of precision, and the recognition of the indications for their application. We want them to realize the supreme importance of Time, in dealing with acute attacks. We are doubly thankful that we cannot be saddled with the charge of commercialism in this appeal; for the alkaloids are not patented, they are not copyrighted, they are free to every doctor to make, if he will take the trouble to collect the plants and extract the active principles; and the only advantage any one can claim is perfection of methods and uniformity of product, and that is not a matter any one can monopolize.

# LEADING ARTICLES



We solicit papers for this department from all our readers. They should be on topics kindred to the scope of THE CLINIC, and not too long. Reprints in pamphlet form will be made at a very low price, and in any quantity from five hundred up. If you wish to send sample copies to your friends, see provision under "Articles" in general statement, first page of Editorial Department.

Contributors are earnestly requested to furnish us with a recent photograph, to be used in illustration of their articles.

## CAN ACONITINE ABORT ACUTE INFLAMMATORY DISEASES?

By John M. Shaller, M. D.

THERE should be no longer any question about so well established a fact.

An article in the May number of the CLINIC, however, shows that there is still some doubt about it. Consequently I take the liberty of reciting the following history: Mr. S., a short, stout, heavy set man, after exposure to the rain, was taken with a chill. I saw him about twelve hours later and found his pulse 126, temp.  $102.8^{\circ}$ , resp. 36. The lower part of right lung presented slight dullness on percussion posteriorly; crepitant rales were present; sputum was bloody; pain severe over lung, worse on deep breathing and on coughing. The face was flushed, the patient was restless and delirious.

Treatment: Dosimetric trinity No. 1, one granule every half hour. No stimulants.

Twelve hours later: Pulse 100, temp.  $101^{\circ}$ , resp. 30; treatment continued. No stimulants.

Twelve hours later, or, twenty-four hours after treatment was first begun, or thirty-six hours after the chill: Pulse 80, temp.  $98.4^{\circ}$ , resp. 18.



JOHN M. SHALLER.

Treatment: Quinine arsenite, gr. 1-6, two every three hours.

From this time on the patient's restoration to health was rapid and without interruption. This is what can be called *aborting a pneumonia*. Aconitine was the principal medicine.

In last month's number of this journal Dr. Day, in an article on aconitine, does not feel sure of the great value of this wonderful febrifuge. This is quite natural. Experience is necessary. Until after a fair trial, in proper cases, one cannot be expected to believe in the efficacy of aconitine. Personal experience is the only kind that thoroughly convinces.

The most brilliant results with aconitine are obtained during the first twenty-four or thirty-six hours of an inflammatory disease. After pneumonia has been present three or four days aconitine cannot abort it. Frequently it will not even reduce the temperature, although it may reduce the pulse rate and improve the secretions and the general condition of the patient. Aconitine cannot jugulate typhoid or malarial fever, yet it may reduce the temperature in these diseases.

Aconitine, like every other medicine, has particular indications for its administration. If physicians will use it when it is not in-

dicated, good results cannot follow. If amorphous aconitine is used *early* in acute inflammatory diseases, particularly in inflammation of the respiratory tract, it is simply impossible to be disappointed.

I received a letter lately from a prominent physician asking about alkaloidal medication. He said that text-books either failed to mention aconitine, or spoke disparagingly of it. That as such men as Osler, Pepper and Whittaker failed to mention what is called "alkaloidal medication," it raised a doubt in his mind as to its value.

The reply was, that if Osler, Pepper or Whittaker had not used aconitine, they had simply neglected the use of a very valuable remedy, and had ignored one of the best that could be used in the treatment of acute inflammatory diseases. It was not their loss alone, but they were depriving their patients of the benefit of a medicine which frequently aborts inflammatory diseases.

The fact that text books do not mention it, or that some learned men do not use it, does not take from aconitine one particle of its value. It does not prevent thousands of physicians from daily using it, and from daily corroborating the fact of its value as a febrifuge and of its power to abort acute inflammatory diseases.

There is no doubt that many obscure country practitioners are successful in curing and alleviating conditions with remedies, with the names of which remedies many of our great men may not be familiar. Each man's own experience is better for him than is the experience of others. If he finds that certain remedies relieve certain conditions, without evil results, that is the one he should use, no matter what others may say to the contrary.

Many prominent physicians say aconitine should never be used internally; that it is a dangerous remedy and a powerful poison. Well! It may be so in their hands, but it is not so in the hands of thousands who

read this journal and who follow its teachings. Thoughts similar to those which have often occurred to me, must have occurred to others. How is it possible that so useful, so reliable, so efficacious a medicine as aconitine can be so ignored or so unfavorably spoken of by so many good physicians? There may be several reasons. Some who speak thus against it have had no personal experience with it, or if they have had, they could not have properly used it. If they did use aconitine, they prescribed it at a time when there was very little reliable aconitine on the market.

Personally, I consider the *amorphous* aconitine safe, reliable and efficacious. I have had no experience with any other kind and cannot, therefore, recommend any but the amorphous.

Cincinnati, Ohio.

#### THE NEW THERAPY.\*

By Richard E. Garnett, M. D.

THIS is somewhat of a misnomer, for while the method of application and the form of medication are widely different from the usual methods and medication, yet in reality they can be intelligently applied by any modern physician, who is posted in the characteristic therapeutic effect of the Galenic preparations. I hail, with exceeding delight, the fact that the mind of the medical profession is no longer held by the iron hand of superstition, and blind allegiance to the measures of the fathers; but is boldly reaching out and taking to itself and utilizing for the good of humanity every advance that is made in the treatment of disease, no matter whence its origin, or from what school of medicine it emanated. No longer must

\* Read before the Southern Kentucky Medical Association at Bowling Green.



R. E. GARNETT.

the educated and intelligent practitioner fold his arms and stand back on his dignity, and allow his patient to pass into the realms of the unknown, because, forsooth, he dare not use a measure or medicine that is tabooed by any man or set of men; but he is ever ready to grasp and convert to his own benefit and that of his patient, anything that observation and experience has shown to be of use.

For hundreds of years the science of medicine has slowly but steadily advanced from its former position of almost complete charlatany and imposition upon the credulity of the people, down to the present time of elegant tablets, tablet triturates, elixirs, syrups and so forth; and I trust that it will continue to advance until the final almost or quite complete adoption of the use of the still more elegant and reliable active principles, and their rational use in our ceaseless combat against disease.

For convenience in comparison, the History of Medicine may be divided into Ancient, Medieval and Modern Times. Under the ancient regime, the ills of human kind were ministered unto, and mistreated, by the administration of powdered lizards, toads, and other like compounds, while the mind of the patient was dazed and overawed by weird and strange ceremonials to exorcise and drive out the evil spirit of disease that was supposed to have possession of the patient. And thus they were alternately poisoned and frightened, until death came as a welcome relief from their tormentors.

The Medieval Time made a step in advance by using the powdered roots and barks of various herbs; but clung to the belief that, in order to cure the sick, the patient's vital powers must be reduced to the lowest ebb; so they blistered them unceasingly, puked them increasingly, and purged them decisively. In fevers they piled on the covers, closed every avenue by which pure air could enter, and denied the suffering patient one drop of water to

cool his parched tongue, unless it had been heated by the addition of a live coal of fire; yet, occasionally one recovered in spite of it all.

Modern Therapy took a step far in advance, and has made wonderful strides in the direction of the healing of the nations. Our great pharmaceutical establishments have placed upon the market and before the profession a vast array of elegant tablets, tablet triturates, elixirs, wines, syrups and so forth, and have rendered the administration of the former powders, boluses and so forth, comparatively easy.

The labors of our analytical chemists have separated, step by step, the cruder and more useless parts of the drugs from the potent and useful, and this very thing has led up, by slow but sure degrees, to the use of what I have chosen to call "The New Therapy," for it is nothing more nor less than the treatment of disease by means of the alkaloids, or active principles, of the same drugs that we have been using in their cruder forms for centuries, and of new remedies treated in the same way.

The underlying principle of this system is that "acute diseases must be opposed by acute treatment, and chronic diseases by chronic treatment". Do not suppose that in the application of this system you can dispense with your diagnostic powers, or with close observation of clinical facts. In alkaloidal treatment, as in other lines of scientific work, success comes only to him who works and uses ceaseless vigilance. You must give close attention to your case, and give every clinical fact its full importance and weight, and when you have done this, and used the alkaloids in the proper way, you will certainly combat disease and restore health to many whom you would otherwise lose. Remember, I do not advocate the use of the alkaloids to the exclusion of every other treatment. Far from it. For there are a number of useful medicines among the Galenics, that have not as yet had their alkaloidal ele-

ments separated, but more are being constantly added. The so-called alkaloidal medication, starting from a little nucleus of bold and undaunted searchers after more direct and more efficient methods, away back in the year 1848, when Prof. Adolph Burggräve of the University of Ghent, and his few supporters first argued that the use of minute doses frequently repeated with the active principles of medicines was the only true way to combat disease, has slowly, almost imperceptibly, spread and gained advocates; until, a few years ago, Dr. W. C. Abbott of Chicago, and Drs. Waugh, Shaller and a few others, gave it a new impetus and brought it before the medical profession of the United States in such a way that it has made prodigious strides; and today is rapidly making for itself friends and advocates in high as well as lowly places.

When you administer any of the old tinctures or fluid extracts, does not every observant practitioner know that different samples are as variable as the wind? Do you not know that with each new sample you get you are compelled to experiment with your patients to find out how much will be required to get the therapeutic effect desired? Then why should you continue to do this, when you have within easy reach a line of treatment for which you can promise absolutely positive results? Why longer use the nauseous and crude pills, powders and liquids, of which the greater part is simply waste or worse material, when put into your patient's long-suffering system?

You may say that the preparations are assayed and made standard, and are thus reliable. When this is done, let me ask you how is it done? It is by adding to the specimens treated enough of their alkaloids or active principles to bring them up to the standard. Then why is it not better to use the alkaloid in its purity, as that is what gives to your medicine its efficacy?

Many times has a cumulative effect been brought about in the system by the use of old crude and often insoluble drugs; and sometimes serious and even fatal results have followed. Such a thing is impossible with the alkaloids, and never occurs. I see in this audience men who have grown gray in the practice of their profession, men of great intellect and acumen, who have fought disease with unflinching zeal and great success, perhaps before I was born, and doubtless such men will find that the old ways are good enough for them, as they have stood them in good part through their long lives. Yet I am sure, if better things should be shown them by the younger generation, they have penetration to see and accept them in the spirit they are given. There is nothing for which I have greater respect or veneration than the gray hairs and bending forms of advancing years, yet the true physician never gets too old to glean and adopt for his own use, what he sees is for the manifest good of himself and patients.

Our ancestors, who used so persistently the infusions and decoctions of roots and herbs for emetic and purge, doubtless congratulated themselves that they were so far in advance of the ancients, who used the lizards, toads, snakes and charms; yet their methods had to give way to the more elegant pharmaceuticals of a later day, and they in turn must give way before the advance of the little granule in the form of alkaloid or active principle. I venture the assertion, without fear of contradiction, that there is not a physician in the sound of my voice, from the father in medicine to the most recent graduate, who is not, to a certain extent, familiar with alkaloidal therapy; for each of you uses, and swears by, quinine, morphine, strychnine, atropine, etc., and would consider yourself almost helpless without them. Yet what they are, as compared with the barks and shrubs from which they came; so are the other alkaloids as compared to their cruder forms.

What are the advantages of this form of medication? First, accuracy of dose, and certainty of effect. Second, smallness and pleasantness of dose. Third, convenience in carrying in the pocket. Fourth, the great certainty with which you can jugulate or cut short most diseases. This is not so remunerative to the physician as would be the old, long drawn out cases under the former rule; but perhaps in the end it will pay as well or even better, if not from the standpoint of a financier (and I believe but few doctors are financiers) at least from a humanitarian standpoint, and doctors have always been humanitarians. And I feel confident the members of this Association are not the exceptions to the rule.

I have observed with pleasure, that the various schools of medicine are gradually drawing nearer together, and now have a common ground, in the alkaloidal method, upon which all can unite. The Eclectic can use it, for it is the nearest approach yet known to his pet theory of specific diagnosis and treatment. The Homœopath can avail himself of it, as it embodies his great idea of minute and accurate dosage. And we Regulars can accept it, for we do not have to yield any principle of ethics, nor take anything from the other schools, but only discard the outer husk or hull of our Galenic preparations, and retain the kernel or active principle of the same medicines we have always used, only in a purer and more concentrated form. And with accurate diagnoses and intelligent application of the "New Therapy", we can relieve our patients, sleep with an easy conscience, and be fully ready when the last summons comes, to go before our Creator and hear the welcome plaudit: Well done, thou good and faithful servant, enter thou into the joy of thy Lord."

Glasgow, Kentucky.

—:o:—

The truths expressed in this address seem self-evident to us, and cannot fail to set men thinking. That's all we want.—ED.

#### A DIABETIC STORM OF GASTRO-INTESTINAL NEURALGIA.

By E. M. Epstein, M. D.

(Continued.)

I STOPPED groaning, and tried to bear my suffering in silence and equanimity, and succeeded for a few minutes, but soon was overcome and begged to be held down firmly, lest I do violence to myself. I tried auto-suggestion and even the denial of my pains after the manner of the pseudo-Christian agnostics of our own day, and succeeded for a few minutes, but only to be repaid with redoubled suffering. The question of morphine naturally arose then. In the throes of pain I concluded not to trust the treatment of my case to mine own judgment, lest it be warped under the strain. I called Dr. J. R. Caldwell to consult with me, and to direct the treatment. We agreed that a hypodermic of morphine was advisable, but my good wife disagreed with both of us, arguing that the opportunity for the drug-habit was just then most dangerously propitious. I appreciated her solicitude and preferred rather to bear the pain than to distress her and others of the family, and endanger myself; and in the fourteen days of my suffering I had only three hypodermics, when the pain threatened to break down both body and mind.

During all this time my pulse was my usual seventy-two per minute, and temperature and respiration normal; except at one time the pulse was 90, and temperature 101°, which, however, was restored to normal on the administration of a few doses of aconitine. My appetite too was good all that time. But the bowels became constipated. Abbott's Saline Laxative had no effect at all, and his Wide-Awake pills only a very slight one. A dose of calomel and podophyllin had the desired effect, evacuations became free, but tortuously painful. As the discharges were unwontedly malodorous, the W-A Intestinal Antiseptic was freely taken, with speedy

effect on the odor but not on the pain. During the height of the pains various anodynes were tried, but in vain; but when they began to subside somewhat, Chloranodyne, and fl. ext. of sweet clover (*mellilotus alba*), the latter sent me by Dr. George M. Aylsworth, of Collingwood, Canada, did good service. The alkalometric Zinc and Codeine tablets had also their usual happy effect when the discharges were too profuse. What did me most good to allay or rather to mitigate the pains was the hot-water bag, applied to various places over the abdomen; this often produced general perspiration and relaxation, and permitted the most coveted boon of an hour's sleep. For a case like mine the bag should be 10x12 inches, and contain not more than three quarts. Mine was of two quarts, and only 7x8 inches. Dr. Caldwell agreed with me that there was no danger to life, seeing that pulse, temperature, and respiration were normal; and nutrition too, though digestion was painful, was satisfactory under the circumstances.

We diagnosed the case as diabetic gastro-intestinal neuralgia, superinduced on a lesion of the sympathetic innervating the stomach and bowels, acquired nearly fifty years ago. The idea of connecting the present condition with an event of such time remoteness was strengthened by the fact that a cicatrix on my right index finger, produced by a paronychia about a year previous to my sickness with scarlet fever, nearly fifty years ago, began at this time to give me intense pain, like that which is felt when such a cicatrix is exposed to intense cold. It seemed as though diabetes was capable of calling up all the sins of my past into chastising remembrance of the present.

To confirm our diagnosis we thought it best to call in another physician from the near-by city of Wheeling, twelve miles distant. Dr. Caldwell kindly secured the services of Dr. James Schwin, who came

out to see me on the eighth day of my sickness. He examined me very carefully, found nothing wrong about the circulation, respirations or muscles. But at the epigastrium he found a very painful spot on pressure, and this he interpreted as a circumscribed, subacute hepatic inflammation. Another painful point he found on the spinous process of the first dorsal vertebra. To these points he advised the application of an *emplastrum cantharides*, to be kept running for a few days. We did so, and I was rewarded for my cantharidal pains with a diminution of my gastro-intestinal ones. Internally he prescribed nothing, leaving it to our judgment, *pro re nata*. Considering my age, seventy in March, 1899, he agreed with us, that a strict diabetic diet would be inadvisable, and that a mixed one with a minimum of sugar would be best. For the thirst he agreed with me, that liquids containing carbonic acid would be best for the stomach, which could not absorb simple water then, though in health I drank large quantities of it at all seasons of the year.

One thing he told us which is of recent discovery, and which I have tested several times since and found to be most true and valuable: Diabetic coma, he said, was found to depend on the accumulation of oxybutyric acid in the blood. This can be detected easily by adding a few drops of *tinctura ferri chloridi* to the urine in a test tube, when if that acid is present in the circulation there will be a dark brown precipitate, otherwise the precipitate will be white. He advised the urine to be tested two or three times a week, and if this danger-signal presents itself, to take fifteen to twenty grains of sodium bicarbonate, *t. i. d.*

It is now nearly three months since I was first taken sick, and I am far from being well yet. Gastro-intestinal pains are not constant, but frequent enough to give me sleepless nights. For the last nearly

two years I never slept more than two hours at a time, having to micturate that often, and even oftener. I prefer to do nothing to remedy this evil, and hope in so doing to obviate, or at least to postpone, the greater evil, the misery of catheter life. I reason thus: The residuum of urine in the senile bladder is the most frequent cause of cystitis. My father and grandfather were also troubled with "frequent urination", did nothing against it, and lived to very near a hundred years in comparative health. It is the intolerance of the senile bladder to distention that urges it to frequent voiding. Then too the senile *acceleratores urinae* are sluggish, and do not expel the residual urine as quickly as in younger days. I therefore allow myself plenty of time in voiding the urine, however frequent this may be, by day or night, and thus, perhaps prevent the distress and fatality of senile cystitis, and let some other more tolerable failure of the economy terminate my earthly existence. I have always thought that euthanasia is worth praying and working for. Not, however, a morphine euthanasia; if we live soberly we had better die equally so.

At present I suffer from indigestion, against which I have tried various variously-lauded remedies, and of which I mention those that do me real good; they are: Taka-diastase, Caroid and charcoal, and inspissated ox-gall; either of these, or in combination, after each meal, of which I take more than three a day, and never to full satisfaction. I also take a drachm of *soda phosphas*, in the pleasant form of Keasbey & Mattison's granulated effervescent, every morning.

Lately a severe pain developed in the right groin, shooting its fiery rays to the glans penis and into the rectum. Judging from the flattened form of the feces and the feeling of narrowed passage at defecation, I conclude that there is a congestive state of the prostate. As it does not affect the urethra, and as I had the

same affection before and recovered from it without medication, I prefer to wait for further developments.

And now, dear Editor and readers, it is a long time since I have communed with you, and I am glad that I can do so once more. The great Physician bless you all and yours fraternally,

West Liberty, W. Va.

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#### LOCAL TREATMENT FOR GONORRHEA.

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By W. A. Crandall, M. D.

(Continued.)

SINCE my last article on the above subject appeared in the February CLINIC, I have received numerous letters from doctors, asking for further information. It would be difficult to furnish each with private instruction, so I will endeavor to satisfy the numerous inquiries and gladly furnish information which I trust will prove of value.

The first thing to be considered is cleanliness. Patients will present themselves for treatment with the penis wrapped in the most filthy pieces of cloth or cotton one could imagine, and completely saturated with gonorrhreal discharges.

It will be seen at a glance how easily auto-infection may be produced, to say nothing about the soiled condition of the patient's clothing. To overcome this serious state of affairs, I have devised a light, thin rubber pouch, which is drawn over the penis after the cotton saturated with the germicide is applied about the glans. You will find the pouch a great help, in retaining the antiseptic solution to the head of the penis, and confining the gonorrhreal discharges at the same time. It is easily applied and a draw-string at the upper end keeps it in place. The Miller Rubber M'f'g Co., of Akron, Ohio, has very kindly gotten in form my design of what I call a venereal pouch, and I am under obligation to them for trouble taken

to accomplish just what is needed. This pouch I have removed and washed thoroughly twice a day, and fresh cotton with antiseptic solution each time applied.

The local application for both the injection and absorption about the glans consists of the following:

Fld. ext. belladonna, gtt. xxx; Protargol, gr. x; water, oz. iv. M. Direct: Use as injection, also locally about the glans, directly after each urination.

The above preparation, "Protargol," is a comparatively new remedy, of German make, and I find it very effective, immediately destroying the gonococci. The Protargol should be increased as the discharge begins to diminish and the inflammation subsides. The discharge will be made more profuse when the preparation is first used, but will begin to lessen inside of two or three days, as the disease is brought under control. This Protargol you can obtain of your druggist, or of the Farbenfabriken of Elberfeld Co., 40 Stone street, New York. I may have occasion in another article to give my internal treatment for advanced and complicated cases.

Buffalo, N. Y.

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Protargol seems to have jumped at one bound to the head of the list, if one may judge from the numerous commendations it is receiving. We will be glad to hear of Dr. Crandall's internal treatment, but there are hundreds of old Alkalometrists ready to chuckle over it, if not up to their own. We know a thing or two about that ourselves, I reckon. The rubber pouch described is a good thing, and should never be omitted.—ED.

#### TETANUS CURED BY ACONITE.

Dr. J. S. Smith, of Knoxville, Tenn., reports a case of traumatic tetanus recovering under the use of aconite. The tincture was given in doses of five minimis every two hours, increased to eight minimis. Tetanus is a disease that rarely adds laurels to the physician's brows, and any case that recovers should be placed on record, with the treatment.

#### ALKALOIDAL VS. PROPRIETARY MEDICATION IN THE ARMY.

By John J. Harris, A. B., M. D.

**A**T a meeting of the Missouri Medical Society, held in Sedalia, Mo., May 17, 1899, Major Osmund Summers, Brigade Surgeon, 5th Army Corps, "highly recommends the adoption, for use in the army, of a system of proprietary prescriptions; for the reason that an army is a poor place for a drug-store, and the trenches



JOHN J. HARRIS.  
not the best adapted to the compounding of prescriptions."

"The use of proprietary prescriptions," said Major Summers, "in the army has become almost a necessity to modern civilization and to modern civilized warfare."

Now, if there is one place or circumstance more in the line of alkaloidal medication, that place is certainly the army or navy; and, above all, a fighting army, in the field, "in the trenches."

In the name of science and precision, why not adopt alkaloidal tablets and granules, throwing aside all extra weight and bulk, tare and taxes of "mixtures proprietary?" Do away with all fluids except chloroform, Hydrozone and crystal water. Army surgeons, like other progressive physicians, have already laid aside Huxham's tincture, laudanum, tr. nux vomica, tr. belladonna, and whisky, replacing the same with quinine, morphine, strychnine and atropine; and except for the officers and surgeons, we might with safety substitute strychnine for whisky.

If more than the few combinations prepared by the Abbott Alkaloidal Co., of Chicago, are necessary, it is such an easy matter to improvise dosage to suit from a hand-satchel or even pocket-case stock of alkaloidal tablets, "even in the trenches";

not "gun-shot" treatment, but "Mauser." Our gallant army and navy must have the latest and best.

St. Louis, Mo.

—:o:—

Dr. Harris' remarks are so sensible as to appear axiomatic to us. Why should the doctor lug about a lot of useless water, alcohol, gum, sugar, cellulose, etc., when he can carry in his vest-pocket more medicine, in better shape to administer, than he could in a mule-load of the antiquated trash now served out. Where are you, Gihon? You ought to recognize the importance of this matter, if any one does. It would be the crowning act of your career were you to inaugurate this reform; far more to your credit than piling a lot of granite over the bones of Benj. Rush.—Ed.

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#### FETICISM.

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By S. Clifford Boston, M. D.

IT is wonderful with what tenacity a certain proportion of people, in the midst of education and refinement, cling to the old and superstitious beliefs of the dark ages. By this I mean their faith in charms, for good or evil, for preventing or curing disease, etc.; such as the rabbit's foot, old coins, an eel-skin or leather strap around the wrist, or metallic ring for the cure of rheumatism; bones of departed saints, the repetition of certain words, a lump of asa-fetida suspended from the neck for preventing infectious fevers, electric belts, the howling of a dog at night under the patient's window, and the hooting of an owl, regarded as precursors of death, the fear of certain days, as Friday, and certain dates (13th).

It is a disgrace to modern civilization, to allow such a doctrine of superstition and retrogradation to persist in this progressive century.

I recently had a case of eczema, a child eight months old. The case was a very difficult one to treat, on account of the diffi-

culty in preventing the child from rubbing off the applications. It finally became necessary to secure the child's arms, and from that on, until an idiotic neighbor interfered, the little patient made slow but sure progress.

One day on visiting my patient I found its face very red and fissured, with copious weeping from the fissures. I immediately suspected interference with the treatment, and on questioning the mother, she admitted that her accommodating neighbor had suggested "cuticura" remedies. The potassium iodide in the nostrum had not only caused an exacerbation but produced a rash over the entire body.

I was so vexed that I refused to have anything further to do with the case.

About a week later I saw the mother alight from a train with the child in her arms, and still being interested in the little sufferer, I asked how the baby was. She raised a veil that concealed its face, and I found the child almost unrecognizable. Its face consisted of one immense scab, with two apertures, corresponding to the nose and mouth, the eyes being completely scabbed over. I found that this same crazy neighbor had told the ignorant mother of a certain man who didn't use any medicines, he charmed away diseases. On pressing the mother for details, she told me that she had to give the charlatan five dollars before he would take charge of the case, which she foolishly paid. He then repeated some magic words, and showing her a charm stated that it would be necessary for the child to wear it suspended from its neck. For this fetich he charged her five dollars. The whole trip cost her about twenty-five dollars.

I cite this case as an illustration of the willingness displayed by the ignorant to pay large fees to charlatans, and yet dispute a moderate fee of a legal practitioner.

I have resorted but twice to the little pocket-case mailed me, and in each case I have had the most satisfactory results;

one a case of furunculosis in which I used calcium sulphide; the other asthma, in which I succeeded in overcoming one severe paroxysm and aborting subsequent ones, by one granule of atropine every hour until relieved.

West Grove, Pa.

#### SEXUAL HYGIENE.

*(Sixth paper—continued from June Clinic.)*

A REGULAR meeting of the Physicians' Club of Chicago was held at Kinsley's, November 28, 1898, with Dr. John Milton Dodson in the chair. The subject for discussion was "Sexual Hygiene."

DR. PAUL CARUS: The hour is too late to say very much, and I will be brief. The subject is of the greatest importance, and it is not so without good reason. When we speak of morality in general, we mean sexual morality. Sexual morality is at the bottom of every morality; although there may be chaste thieves, as a rule, as one of the speakers remarked tonight, criminals are largely developed during puberty.

Now, it is not an accident that the powerful nations of the earth are the most chaste nations. The Teutonic are chaster than any others. When the first Roman became acquainted with the Germans beyond the Rhine, he was struck first with their—I might say—innocence. Girls and boys bathed together in the rivers naked and they were not ashamed. And there were no excesses, and they took a pride in remaining virgins, both male and female, up to the fifteenth and even twentieth year. I believe the strength which those nations have developed in war, as well as in peace, in making conquests in science as well as with the sword, is very largely due to their chastity.

The religions which developed among these nations and took firm hold on the people were not accidental. They are among the religions of purity. Christianity is originally a religion which aims at the

purification of the mind. The latest dogmas of Christianity go further still; they try to develop virginity. It would lead me too far to enter upon this phase of our subject. This much is sure, that the ideal of virginity dawned on the Northern nations just as it did on the Southern nations, although the latter have not realized it.

The Middle Ages and the original Christianity went far in their ideal of virginity, and you know the results. We have found out it was a mistake. Their ideal of virginity was total abstinence. The break came in what is known as the Reformation. You have perhaps learned at school the reasons why the Northern nations broke away from the church. The reasons which Luther, Zwingli and Calvin mentioned are the real reasons which cleft the Church asunder. They are practical questions. The theoretical questions have been forgotten. Even today there are practical questions behind them that these men did not dream of, but they builded better than they knew.

The main practical questions are two: First, it was the independence of conscience. Luther's great word was liberty of conscience, which finally developed into liberty of thought and of free investigation, and our historians have not forgotten to mention that Luther's memorial was an act of moral courage. Luther ceased to look upon purity as virginity. He could not understand that sexual life was perdition throughout, and since the Reformation we entertain other ideas, and our ideal of virginity has ceased to be that of total abstinence, and we have learned to develop, even in married life, an ideal of virginity: that virginity which keeps the very act of sexual intercourse sacred.

In our educational life the difficulty arises, how shall we educate the child to understand the sacredness of the sexual relation. The general tendency at present is not to feed the child's mind with legends, with lies, etc., but to tell him the truth.

So far as my own experience goes, this is possible, and I do not know how I shall continue. But one thing is sure, that it is not necessary to tell a child the whole truth and nothing but the truth. But I tell a child the truth reluctantly; give him sufficient knowledge without giving too much. For instance, I find children are satisfied with words which they do not understand, however true they may be. If my child asks me how children come, I simply say, "They grow." That seems natural to the child, and no further questions are asked. I allow him to look at medical books. I explain to him the development of the chick into the full-fledged chicken, and he sees nothing impure in that. If, later, I explain to him the development of the fetus, he sees nothing impure in it. I cannot enter into this subject as fully as I would like to owing to the lateness of the hour.

As to educating the young with regard to sexual problems, let us simply ask ourselves what advice we would give our own children? And the advice we would give them is always the best advice to follow ourselves.

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We take pleasure in presenting another of this series of articles that has attracted so much attention from the profession, and the remaining papers will follow. As this issue will be seen by many new subscribers who are not familiar with our work, we beg the indulgence of our old subscribers to reproduce the entire program in the order in which it has been published, showing what papers are yet to follow:

1. "The Effects of Genital Derangements and Malformations on Sexual Appetite."  
DR. C. S. BACON. (February.)
2. "The Psychical Correlation of Sexual Desire, Love and Religious Emotion."  
DR. GEORGE F. BUTLER. (March.)
3. "The Sexual Act. Frauds in the Conjugal Embrace."  
DR. ZEISLER. (April.)
4. "The Results of Sexual Excess or Continence. Sexual Misinformation and Quack Literature."  
DR. W. T. BELFIELD. (May.)

5. "The Effect of Coitus During Pregnancy and Lactation."  
DR. A. C. COTTON. (June.)
6. "Sex Problem in Education."  
REV. PAUL CARUS. (July.)  
*Editor of "The Open Court."*
7. "Legal Aspects."  
A. S. TRUDE, ESQ. (August.)

Following the regular program, we shall publish notes and abstracts for the general discussion after the program and an editorial summary; all of which, we believe, will be of helpful interest. We can supply back numbers for April, and will furnish reprints of the previous articles of this series free of charge, if desired.—ED.

#### PRACTICAL HINTS FROM DAILY EXPERIENCE.\*

By W. C. Abbott, M. D.

#### TUBERCULOSIS-CONSUMPTION; A RECONSTRUCTIVE TREATMENT.

OUR friends, the Maltine Mfg. Co., have sent us an abstract from a paper on "The Causation and Treatment of Consumption," by Dr. John R. Kestell, of Detroit, Mich., presented to the Wayne County Medical Society, which reads as follows:



W. C. ABBOTT.

"I have little faith in specifics in the treatment of tuberculosis. I believe it is entirely a disease of mal-nutrition, as a result of defective elimination, and all therapeutic measures must be directed toward the improvement of digestion and assimilation. Consequently I am explicit in my instructions as to diet, forbidding absolutely the use of alcohol, syrups, potatoes in any form, pork, veal and all such dishes as are difficult of digestion and prone to fermentation. In many of these cases of alimentation, I have found it beneficial to give some good diastatic extract of malt, that known as Maltine proving most satisfactory for the reason that it is the only malt extract known to me which

\* These notes will continue at intervals during the year as a "filler" to this department. I hope they will serve their purpose, and at the same time be interesting and instructive.

gives generous proportions of nitrogenous and phosphatic matter, with a proper proportion of carbohydrates, being made as it is, from wheat and oats in conjunction with barley, instead of barley alone. Tonics, stimulating the nervous system and digestive organs and assisting in the reconstruction of blood and tissue, are important. Stimulating baths may be used with good results. It is, in my opinion, a mistake to overwhelm the body with frequent injections of undetermined animal serum, thereby producing either a severe reaction or possible cumulative toxemia."

They asked to have this space given in the usual department for such brevities, but it is so thoroughly scientific and deals with principles of which we so thoroughly approve that I am glad to reproduce it here, emphasizing its importance. If we would succeed with our consumptives, or our sick ones before they become truly consumptive, we must carry out the reconstructive treatment that Dr. Kestell outlines. We must eliminate the cause of the degeneration as far as possible and help the body not only to dispose of accumulated and irritating wastes, but to digest and assimilate properly, and whatever will do this best is the best thing to use. Never look for specifics for the treatment of consumption, things that can be used expecting them to produce results regardless of conditions. As long as you do this you will lose the major portion of those afflicted; but under the more rational regime outlined above, a regime that is adopted and practised by the leading clinicians of today, many a poor sufferer may be saved.

#### MENORRHAGIA.

When you are troubled with a case of menorrhagia try atropine in sufficient dosage to keep the patient's throat pretty dry, and add one to three granules of ergotin every two hours. A recent case that had given much trouble yielded very promptly to this suggestion. Atropine dilates the systemic capillaries very fully, and the ergotin, through its selective action upon

the uterus, contracts its capillaries. The result is obvious and rational.

#### GLONOIN.

Of all the remedies that the doctor should always have by him for emergency use, none compares with glonoин in scope of usefulness; whether you call it "nitro-glycerin," "dynamite" or "glonoин," it is all the same; it does its work promptly and well. Whatever can be done by dilatation of the capillaries and stimulation of the heart, glonoин will do. It is simply wonderful. Learn to use it to its fullest and tell us about it in the CLINIC.

#### STRANGULATED HERNIA.

In April last I mentioned this subject, giving some little outline of the treatment and referring to some recent cases. One of our subscribers reports as follows:

May 24th, I was called to a bad case of strangulated hernia, in a lady about 67, that had resisted all efforts at reduction. Placed patient in supine position, with hips high up, legs flexed, etc.; gave two granules of hyoscyamine in solution and followed by one every ten minutes for three doses, when the reduction was easily accomplished by gentle taxis."

There is no reason to doubt the efficacy of this method for the reduction of hernia. It has been many times proven since I first brought it forcibly to the attention of CLINIC readers in May '94. At this time the CLINIC went to its friends as a little sixteen-page aspirant for favor and attention; but it carried truths just the same. The only difference is that by its present size it is enabled to carry more of them. The treatment of hernia might well and profitably be considered in our pages, especially a rational injection treatment, a method that has proven itself successful and should not be allowed to remain in the hands of quacks and charlatans.

#### CALCIUM SULPHIDE.

Frequent references have recently been made in current medical publications to "sulphydral." Let all our readers remem-

ber that this is but a trade name for calcium sulphide. We have talked this drug over repeatedly. We all know its therapeutic applications and should all remember that it is an invaluable drug or worthless according to conditions. When the profession learns to distinguish between drugs of merit and those that depend on their labels only, then something will have been accomplished. Clinical tests should be the guide.

A recent order to the Abbott Alkaloidal Company was accompanied by the following statement: "I can buy tablet triturates of calcium sulphide much cheaper than you are selling them, but I prefer yours in the granule form!" The cost of a drug if it be reasonable should have little weight as against whether it is good and reliable or not. The majority of the calcium sulphide on the market is practically worthless from oxidation. It is only when the preparation is carefully made into well protected granules or tablets that it retains its virtues. The ordinary tablet triturate of calcium sulphide begins to spoil the moment it leaves the machine.

#### DOCTORS' BILLS.

Every CLINIC reader realizes the difficulty experienced in collecting payment for services rendered and wonders where the money all goes to. Let me quote an editorial from a recent issue of *The Epworth Herald* under the caption, "Our Drink Bill".

"Financial discussions are all the rage. The papers contain long columns of figures. Stump speakers expatiate upon the relative merits of bimetallism and monometallism. The curbstone orator swings his arms fantastically and grows red in the face as he discourses upon the superiority of gold or silver, as the case may be. Money is the theme of zealous conversation when old friends meet or strangers are introduced. Even the school boy has his financial theories which he advocates with the same energy that he displays upon the ball-field.

But here are some figures which are not receiving much consideration: *Our nation*

*spends \$1,200,000,000 every year for liquor!* Tariff revenue and silver products look small when compared with that appalling fact. The politicians are disputing about a tax of \$5.00 per head, the cost per person of running the entire government of the United States, while it costs us for liquor alone \$15 per person. The whole tax bill, including federal, state, county, and town taxes, is not equal to our liquor-tax bill.

What unspeakable poverty and misery this represents! But viewed in its commercial aspect merely it is one of the most tremendous facts conceivable. It means that business obligations are not met, rents are repudiated, merchants' bills are ignored, physicians' services unpaid, and a multitude of able-bodied men are rendered less capable of the best service. If we could only stop up this enormous leak by letting liquor alone the "good times" for which the nations sigh would dawn tomorrow."

If we as physicians could help to abolish this traffic we should be accessory to the greatest good that could come to humanity and should have "money to burn."

#### ALLEN'S FOOT EASE.

I don't know why when we find a good thing we should not pass it along. Now many of us suffer from tired and sweaty feet; and we have tried boric acid, talc and various bismuth preparations with more or less success for years. I have recently used "Allen's Foot Ease" (advertised in the CLINIC), a proprietary preparation of the composition of which I know nothing, and have recommended it to others with corresponding success; and the fact that I don't know what is in it doesn't yield to "orthodox" methods. Don't forget this.

Station X, Chicago.

#### PROLAPSE OF THE FUNIS.

Abrahams finds the Trendelenburg position decidedly superior to the knee-chest position, and less repulsive to the patient in overcoming prolapse of the umbilical cord. The suggestion, first made by Brothers, has also been found available in the performance of version.



# MISCELLANEOUS DEPARTMENT

The pages of this department are for you. Use them. Ask questions, answer questions and aid us in every way you can to fill it with helpfulness. Let all feel "at home." Make your reports brief, but do not sacrifice clearness to brevity. Say all that it is necessary to say to make your meaning plain and convey your ideas to others. We especially urge you to use the space set aside for "Condensed Queries" freely, and avoid burdening your Editors with private correspondence.

## MATERNAL IMPRESSIONS.

*Editor Alkaloidal Clinic:*  
—Owing to the deep waters of affliction thro' which I have been passing for the last six months, I have taken little or no interest in the exciting current events of the world, and have had neither time nor heart to read anything—not even my favorite medical journal, the peerless AL-KALOIDAL CLINIC, which in that time has grown and improved almost beyond my recognition.

Taking up the December number last night, I opened by chance Dr. Bayer's article on "Maternal Impressions," which I read with absorbing interest, and then hunted up and read, with equal interest, the subsequent papers called forth by it, as well as your terse but rather caustic criticisms.

W. L. COLEMAN.



Now, I am and ever have been an honest seeker after truth and the truth only; hence I always receive and candidly weigh all testimony, arguments and facts presented, pro and con, upon any question I seek to elucidate, ever endeavoring to keep in mind the relativity and ambiguity of all human knowledge and language. Therefore, it is impossible for me, at this stage of the discussion of the subject "Maternal Impressions," to align myself on either side, so I will content myself by trying to

present impartially the little and few facts which I have gleaned by the wayside, in favor of both. First, premising that there is not an iota of superstition in my make-up, tho' reared among ignorant African slaves, the curse of the youth of our fair Southland in days of yore, and compelled in my tender years to daily hear their hideous tales of hoodooism, ghosts, witches, and ridiculous signs and superstitions concerning every visible and invisible object in nature. Their teachings fortunately tended to increase and strengthen my innate incredulity about the hidden and inexplicable mysteries of nature, and I insensibly and unconsciously, before knowing the meaning of the word, grew up a materialist, tho' not of the atheistic, deistic or infidel class; but a materialist in that I always demand a clear, rational explanation of the origin and *modus operandi* in the production of every effect of which the finite mind can take cognizance and is capable of understanding; a materialist in that my idea of *material* enables me to readily accept as an eternal truth the statement "that the things unseen are far more than the things seen" by the human eye, and also that the *ponderable* matter of the material universe is the smallest part of God's creation. It teaches me to reject, as irrational, unscientific and unthinkable, the claim of materialistic scientists, that matter is self-existent and eternal, and that Life is a property and product of matter. There are more sound reasons and argu-

ments to establish the converse of this, that all matter is the product of Life, and that every form of kinetic energy in the material universe is the result of, or is due to, motion imparted to its source of potential energy from an exterior source of life. Hence Life, the soul, the Ego, is a spiritual entity, superior to matter, which it controls and molds into all its multiplicity of form; and, in a sense, it may be said to be supernatural, tho', strictly speaking, God, the first great Cause, alone is supernatural.

A recent writer, endeavoring to account for so-called spirit manifestations and harmonize them with his conception of the natural and supernatural, says: "As there is a well-defined break in the human voice, so there is a break between what we call natural and supernatural. But the notes of the upper register correspond with those in the lower scale; in like manner, by drawing upon our experience of things we know and see, we should be able to form accurate hypotheses with regard to things which, while clearly pertaining to us, have so far been regarded as mysterious."

He reasons well from a false premise, for a break in nature is inconceivable, and reason and observation demand continuity of matter throughout the material universe; so we may rationally suppose a like continuity between the material and immaterial, the ponderable and imponderable, the temporal and the spiritual states.

But, says Mr. Editor, and the scientists generally, who profess to accept nothing but that which can be demonstrated by our feeble, finite senses, all this belongs to the domain of conjecture and hypothesis, and furnishes no facts, throws no light upon the subject, and the whole trend of your ideas is to substantiate Bro. Bayer's "psychic force," by which he claims these impressions may be wrought independent of a material medium; a monstrous absurdity in itself, for even spirits require such a medium as a *sine qua non* for their

manifestations. But in my humble opinion, not one of the foregoing ideas is any more, if as much, hypothetical as the scientific dicta, that there is an inherent force *per se* in matter, constituting the so-called attraction of gravitation; that heat and light are projected *de facto* from the sun, the great center and source of energy of our little system of worlds; that there can be nothing superior to matter; nor are they a whit more marvelous or incredible than were the ideas of the telephone half a century ago, the use of electricity for heat, light and power, the illimitable possibilities promised by the discovery and use of liquid air, wireless telegraphic and telephonic communication, just on the verge of discovery and to be perfected ere the twentieth century dawns; which, while dispensing with the old visible, tangible medium, yet just as surely requires a material medium for their accomplishment, as is required under all other known conditions for the transmission of force and power, whether material or psychic.

But to the subject proper: Dr. Bayer says, "Every effect is the result of a cause; it does not merely happen." I suppose no one will deny the correctness of this statement, and that all will admit that the laws governing cause and effect are immutable and invariable in their action and results.

But is this true in the action of the (supposed) cause of the results of "maternal impressions"? I will state a few facts coming under my personal observation and experience, leaving it to others to answer that question.

In a little over a thousand obstetric cases in my practice I have had only three in which there was a deviation or lack of normal development, amounting to a deformity. Two of these were the worst cases of harelip, with complete fissure of the hard and soft palates, that I ever saw. Both mothers attributed the deformity of their infants to the same cause, viz., in the

seventh month of pregnancy they were shocked, horrified and disgusted by being brought face to face suddenly with a young man who was disgustingly disfigured by a fissure, two and a half inches long, in the upper cheek, involving both the soft and hard tissues, the result of excessive ptalism, causing mortification and destruction of the parts. This had never been closed, and he obstinately refused to wear any device to conceal the deformity. After their shock the ladies expressed much indignation at his being permitted to appear thus in public, and said they felt quite confident their offspring would be deformed in some way, and were quite unhappy over the incident.

Now, why the deformity should occur in another part of the face, and how destruction of the parts was effected at that late stage of fetal life, is beyond my ability to imagine or explain. And just why the same cause failed to produce the same or similar effects in more than a hundred pregnant females, who, to my certain knowledge, were exposed to and came in contact with the same disgusting spectacle, I leave to Dr. Bayer to explain.

In the other case the deformity consisted in one arm being only one-third the length of the other, tho' possessing the requisite number of bones and joints, except in the diminutive hand, which was composed of a thumb and two fingers only. The mother's very plausible explanation of the cause was, that during the third month of her pregnancy, her husband met with a terrible accident in which his whole arm and hand were badly lacerated, requiring resection of the humerus and amputation of part of the hand and two fingers. I merely state this case and leave it for the editor and "CLINIC family" to explain.

I had two cases in which the death of the fetus, at the completion of the sixth month, followed immediately upon the mother's receiving a sudden and very great fright. I say immediately, because

I was called at once in both cases, and after a most thorough examination, failed to discover any signs of fetal life, but did not intimate my diagnosis to either patient, for they were greatly prostrated by the shock and had a strong suspicion of the true state of affairs. They said that the movement was so violent at the time of the shock as to cause intense pain in the womb, but they had felt no motion since; and I was called upon several times during the month to examine and see if there was any life. I still failed to detect any, but deemed it best not to give a decided opinion. At the end of the seventh month labor came on, and I delivered each one of a dead and badly macerated fetus.

*Per contra:* I have a record of fifty special cases in which pregnant females were just as badly shocked and frightened in all stages of pregnancy, by being thrown from vehicles by runaway horses, by railroad wrecks, by severe surgical operations, by all kinds of hideous spectacles, by sudden and unexpected attacks of reptiles, vicious animals, etc., without the least ill-effect whatever upon their offspring, all of which were delivered at full term, sound and healthy, without a blemish or defect in their mental or physical organisms. If such things ever affect the fetus *in utero* injuriously through maternal impressions, they should have done so in all these cases, for these pregnant females, in spite of all my advice, permitted their minds to dwell constantly upon the incidents causing the shocks, and bemoaning their unhappy condition, expected and predicted various marks, deformities, etc., to result therefrom.

Some even went so far, under the belief that life did not exist previous to quickening, as to implore my aid to induce abortion before that period, rather than give birth to a deformed or badly disfigured child, which they seemed to think was inevitable under the circumstances. While my invariable answer was: I would un-

hesitatingly lose my right arm first; yet it is a question in my mind whether the fetus *in utero* is endowed with more than somatic, animal life, for when it becomes a living soul is beyond our ken. Not that it would make any difference in my opinion of abortion, if it could be demonstrated beyond question that the fetus does not become a living soul till birth.

While there are many things that give an air of plausibility to Dr. Bayer's position, yet all individual experience and the meager statistics upon the subject go to show that much more light and knowledge are necessary before the question can be decided positively, one way or the other.

W. L. COLEMAN, M. D.

Corpus Christi, Tex.

—:o:—

Let me commend Dr. Coleman's letter, and the position he takes, as worthy models. Before deciding that the cases were either consequences or coincidences, consider somewhat the Laws of Probabilities. Harelips occur in children whose mothers have not seen such sights, and the deformity is looked upon as a reversion since Goethe demonstrated the intermaxillary bone in man. Take Dr. Coleman's record of three deformities to fifty failures and ask if this is too many to come under the coincidence theory. The comparison with the position of the telephone a century ago is hardly just. I am not prepared to deny that people will habitually fly through the air, hold converse with the spirits of the dead, transport themselves hundreds of miles in the twinkling of an eye, or do many other wonderful things in the year 2000. But I do say that these things are not done habitually now and that we may justly term them impossible until their possibility is proved. People who like to argue must learn the difference between an agnostic and a denier. My own verdict is the Scotch: "Not proved."—ED.

Tuft applies lemon-juice for brittle nails.

### PYROSIS.

*Editor Alkaloidal Clinic:*—This term has been used as synonymous with water-brash, heartburn and cardialgia.



H. S. BREWER. There may be tenderness over the region of the stomach, more commonly diffused and rarely painful.

The appetite is not always impaired, there may be a desire for highly seasoned or peculiar articles of food.

Thirst is usually much increased, and some drink with a snap to it like soda-water or ginger-ale is craved.

Flatulency is marked in a great majority of cases, inducing a sense of fullness, palpitation of the heart, with a hesitancy in its action, a feeling of distress amounting at times to dyspnea and a crawling pain under the ribs.

Relief is afforded only with eructations of gas, which oftentimes is extremely offensive, like the fermenting odors of a sour-mash tub in a distillery.

Vomiting sometimes occurs several hours after eating, of food in various stages of digestion.

Chemical examination shows a lack of hydrochloric acid. Abnormal acids, such as butyric, lactic and acetic, are present; digestion is much delayed; portions of food will sometimes remain in the stomach as long as 12 hours.

**Prognosis:** This condition is essentially chronic, with periods of marked improvement from time to time. A guarded prognosis of recovery should always be given. Much depends on diet and regime, and environment. There is not a particle of doubt that persons thus afflicted act unusually badly, and some of the most mild and good-natured become temporarily lunatics.

One half of the divorces can be traced to the early morning pettishness of this

class of people. Some of the most brilliant authors and statesmen become ruined in reputation by the control that their stomach attains over their mentality. Andrew Johnson was a dyspeptic. So was Charles Sumner. Govs. Tanner and Altgeld give evidence that they are largely sufferers from this trouble. Thomas Carlyle mixed his dyspepsia with most everything he wrote. Byron was made insane temporarily. Poe, Carl Schurz, and probably the majority of good feeders, suffer from this trouble. Many a murder can be traced to pyrosis—and it enters largely into religion—the troubles in the Salvation Army came about by indigestion. A chronic sufferer from pyrosis has to be very careful not to let the trouble influence every action of his life.

The remedy is largely in the hands of the individual. Diet: Soup should be avoided, all acids except hydrochloric acid, dilute, taken before eating, should be avoided. I find Listerine taken in teaspoonful doses an instant relief for acute attacks. Nux vomica, gentian, golden seal and hydrochloric acid are the remedies *par excellence* in these cases.

Bicycle riding, horse-back riding, sawing wood, a purely vegetable diet, intercourse with good-natured people, nigger-shows, a hearty laugh, all help to bring about a cure.

Flush the bowels at least three times a week. Let your wife mop up the floor with you and don't kick. Don't think of your head-in-the-morning, just commence singing as quick as you get up. If people claim that you are not musical and your voice is out of tune, attribute it to jealousy.

Don't marry a young wife if you are an old man. She may upset you in more ways than one. Keep your shirt on when things go wrong; for everthing is bound to come right in the end. If you feel religious shout like thunder. Don't mourn too much over the sins of others, or your own for that matter, for your very sinning helps

to develop your character. Put the past into a bag, seal it up, drop it into the depths of the dark deep sea, and right-about-face, commence again. Read up on vegetarianism. Read the CLINIC after morning prayer. Keep out of spleeney conditions. Laugh—laugh, bathe—bathe, and heaven will be found right here.

H. S. BREWER, M. D.  
Chicago, Ill.

#### CELL STIMULUS AND CELL DEATH.

*Editor Alkaloidal Clinic:*—With much interest I have read Dr. J. T. McColgan's thoughtful article in the April CLINIC. It brings to view, from the dust and debris of centuries, truths which must be the foundation of all rational and scientific medication. But I wish to call attention to one misconception of the doctor, a misconception the outgrowth of which, it seems to me, has slain its victims by the thousands.

He says: "All toxic agents, and all medicinal agents are more or less toxic, when in quantities too small to destroy the protoplasm or paralyze the nucleoli, are irritating to the cell-structure. This property we broadly call a stimulant."

The study of all remedies, no matter what their source, should be by the physiological method. Experience in the light of physiology must be the ultimate tribunal of all remedies, new or old.

Take some living bioplast or, as Dr. McColgan does, take a drop of water containing infusoria, and place it under your microscope. The whole colony will wiggle for a time from changed environment. Now add a very minute quantity of dilute capsicum, serpentaria or similar agent, and you will see a very lively jig. Do the same with the bichloride solution, and you will see the same lively interest in kind. Yet, are the motives for the same alike? Not by any means. The former is the tremulous motion of the darkey's restive

heel, unable any longer to resist the enlivening strains of "Dixie;" the latter the convulsive, floundering effort of the sinking vessel, powerless any longer to hold its own against the furious onslaught of the engulfing waves.

Cell-stimulation and cell-irritation—there is a vast difference between the two. The cell, the physiological unit of all organized life, responds to stimulation just because the substance has the physiological property of stimulation, of enlivening it, *per se*. It responds to the irritating substance, on the other hand, because of the common law of self-preservation. For didactic purposes it would be well, I think, if the cell when brought in contact with a deadly irritant would at once turn upon its heels and go into the quiet sleep that knows no waking. Then alcohol as a stimulant and similar agents would long since have been laid upon the relic shelf where they belong.

The reason one substance acts as a stimulating, enlivening influence, and the other as an irritating, death-dealing influence, cannot be given any more than the reason for the law of gravitation. It is simply a physiological law, and the violators of this law will be punished as surely as will the one who puts himself in the wrong position to the law of gravitation. It is not a something which must be explained, but something by which we explain things. The capsicum stimulation and the bichloride irritation called forth one and the same action as regards mobility, manifest to the sense of sight, just because the cell has but one way of motion, be it for weal or for woe. The action called forth by the bichloride solution is the first step, the second or third of which is death itself. This second or third step is governed by the law of the "survival of the fittest," I admit, but the influence in kind is the same on all cells alike, whether strong or weak; hence the influence that causes the weak cell to go three steps, or all the way to disintegra-

tion, or death, will cause the strong cell to go one step in the same direction. Or, to use in part the simile of Dr. McColgan, the irritant that will knock the weak cell in the head, will it have its law reversed in regard to the strong cell?

It cannot be. What will prove a knock in the head, a final knock-out, to the weak cell, may prove a telling low left-hander to the strong cell. Now how can cells aggregated for specialized function—the great emunctories, liver, kidney, and so forth—throw the dead carcasses of their weak brother cells out of the city, when they themselves must be suffering, at least to some extent, from the same onslaught to which their weaker brothers succumbed? Surely, what is death to the weak cell is "dying thou shalt die" to the strong cell.

The study of the physiological effect of any agent on the living cell will bring the healing art a step farther to a true scientific foundation. What is true of one cell is true of any number of cells, is true of the human economy. Distinguish between stimulation and irritation.

H. C. SCHLEEF, M. D.

Eugene, Oregon.

#### CHOLERA INFANTUM.

*Editor Alkaloidal Clinic:*—July 12, found a female, aged fourteen months, Russian parentage; livid, limbs and feet cramped in extension, hands and arms cramped, the thumbs doubled into palms, and fingers shut down over them; skin at this time cold, feet purple or blue; bowels grass-green squibs; had been vomiting previously; eyes sunken, rolled up, pulse weak, simply running.

Treatment: Hot bath and friction; dissolve hyoscyamine 1-250 grain and glonoin 1-250 grain in one ounce of water, a teaspoonful every ten minutes till reaction commenced, about the fifth or sixth dose, then less often; also for fever following reaction and for the original trouble, cop-

per arsenite, gr. 1-1000, 24 granules, Dosimetric trinity No. 2, 6 granules, dissolved in 24 teaspoonfuls of water; one teaspoonful half an hour apart at first, less often as improvement is apparent.

Recovery perfect. Score another for Abbott's alkaloids. I have not lost one case from the above cause this summer.

Ed. ATKIN, M. D.

Olmitz, Kas.

#### THE SECOND SUMMER.

*Editor Alkaloidal Clinic:*—Why should mothers dread the second summer for their child's life any more than any other summer?

Mother's dread the coming of the second summer, as they know either from personal experience or from that of others that the mortality at this age is great; the reason for this being the change from a liquid to a more solid diet, so often producing intestinal disturbances, which, in so many cases, end fatally.

With proper attention to diet, the second summer should be no more fatal than any other period of the child's life. The trouble is that most mothers and nurses begin to feed the child everything from the table, not understanding that the child's delicate stomach is not capable of digesting such food. As a result, the undigested food in the child's stomach will cause irritation along the whole intestinal tract, and diarrhea as a result; this being an effort on the part of nature to rid itself of the irritant.

When there is already an intestinal disturbance, from improper or over feeding, all solid food should be discontinued at once; and, if the food is milk, it should be greatly diluted or stopped altogether, and only broth or boiled water be given for at least ten hours. Follow this with castor



H. C. FLEMING.

oil. The child should be kept perfectly quiet.

When a child is sick, the physician should bear in mind that it cannot digest the same quantity and should not have as rich food as when in health. Often the child will be given the same diet as when in health, on account of ignorance on the part of the mother or nurse, and negligence on the part of the physician. There is not one of us but would cut down the diet, in the case of an adult, in any acute illness, but we often neglect this rule when it applies to infancy and childhood. In a case of fever, if the food be mothers' milk, it should be pumped out and diluted with water, as this food to the infant is what pork and beans, roast beef, liver and bacon are to the adult.

Foods which should be forbidden to a child under three years of age, are ham, sausage, pork in all forms, salt fish, corned beef, dried beef, goose, duck, liver and bacon, meat stews, roasted meats, potatoes except when boiled or roasted, cabbage raw or fried, raw onions, celery, radishes, cucumbers, tomatoes raw or cooked, beets, eggplant, green corn, all hot bread, biscuits and rolls, buckwheat and all other griddle-cakes, all sweet cakes containing dried fruits, frosted cakes, all nuts, candies and dried fruits, all canned and preserved fruits, pies, and pastry. The child should not have any drinks like tea, coffee, beer, cider or wine.

The rules to be observed in feeding are: Plenty of time should be taken, and children should not be urged to eat if they are disinclined to do so, even at their regular hours of feeding. Indigestible food should never be given to tempt the child's appetite when the ordinary plain food is refused. If an infant refuses its food altogether, the food should be examined to see if it is all right, and the mouth should be inspected to see if it is sore. If neither, the food should be taken away, and not offered again until the next feeding time.

In hot weather the child should have plenty of water and less solid food.

The diet for the average child from twelve to sixteen months: First of importance, regular hours of feeding, which should be at six and ten in the morning, two, six and ten p. m. Some children will sleep from six p. m. to six a. m., but unless they have had a late feeding they usually wake early in the morning.

The first meal should be ten ounces. This may contain the following: Milk, five ounces; cream, one ounce; water, two ounces; gruel of oatmeal, two ounces, and a little salt. This can be prepared at once for the entire day.

Beef juice, two to four ounces, may be given once every other day; chicken broth, from four to six ounces, can be given once every other day. Begin with small quantities, gradually increasing as the child's stomach gets used to the diet and age advances. Fruit juice, such as that of an orange, or fresh ripe peaches or strawberries, from one to three teaspoonfuls at one time, may be given.

HANNAH C. FLEMING, M. D.  
Falls City, Neb.

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Homely truths need retelling, and care in feeding infants in summer is never misplaced.—ED.

#### SEXUAL PROBLEMS.

*Editor Alkaloidal Clinic:*—On page 205 March CLINIC, Query 204, you state that "marriage is the natural cure, and may be successful if the wife is a woman of little or no passion."

The last clause in this statement has suggested a number of questions bearing on the health and happiness of mankind, which certainly have not received the consideration at the hands of physicians that their importance demands.

1st. Before marriage, how may it surely be known whether a woman is of little or no passion?

2nd. What per cent of women in fair health have neither passion for nor pleasure in the copulative act? Why?

3rd. How is the sexual appetite affected by pregnancy? By menses?

4th. After the natural menopause, health being fair to good:

(1) In what per cent is sexual appetite (a) increased; (b) decreased; (c) absent?

(2) Is sexual gratification governed by the same laws that are operative during the child-bearing period?

5th. What habits or environments, local diseases or abnormalities, result in a loss of sexual desire? What conditions favor its restoration?

6th. Isn't aversion to or passivity in the sexual act, on the part of the wife, the origin of a great deal of connubial infelicity?

7th. In what class of female diseases is it useful for the physician to investigate and obtain knowledge with reference to the state of the sexual appetite, habits of intercourse, etc.?

I desire that the foregoing questions be submitted to the readers of the CLINIC, believing that a liberal discussion of them will lead to the publishing of many valuable points heretofore unpublished, and increase the usefulness of the CLINIC fraternity, especially those of us who are family physicians. Medical writers, both text-book and periodical, have been far from lavish in handing out information along the lines indicated; and just so long as the normal conditions are little known and understood by physicians, much of the abnormal must pass unrecognized and untreated.

Among the readers and contributors of the CLINIC there are many who have had extended opportunities for practical information upon these subjects. Will these kindly favor us with the results of their observations and experience? If so, our favorite journal during the next few months will supply to the profession some

standard literature on an important but much neglected subject.

Perhaps no article, or series of articles, of so general interest, has ever appeared in a medical periodical as those on "Sexual Hygiene," now being published in the CLINIC. Why? Because they are *living* questions, discussed by men qualified for the task; they are subjects covering a field heretofore largely unoccupied.

It will be observed that the topics suggested in the foregoing questions are more or less related to the essays on "Sexual Hygiene," and having in view the same objects, viz., the promotion of sexual health, happiness in the married state, and improvement of offspring.

Let the editors and readers of the CLINIC throw upon these subjects the light of their knowledge, and much good will be accomplished.

G. M. LISTON, M. D.

Filley, Mo.

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I would suggest, as the best way of handling this subject, that all who have made any observations on the points in question send their replies to Dr. Liston, who can tabulate the data thus supplied and report to the CLINIC. This will make a collective investigation that will eliminate the personal question by reducing reports to averages. It will also completely remove the flavor of impropriety that might cling to individual reports. Let everyone who has anything to report, write to Dr. Liston at once. Let those who have not heeded the matter make such investigations as are in their reach; and we will all be wiser, for the knowledge of all will be made our own.—ED.

The "vets" have caught on to the alkaloids in great shape; and are employing hypodermics of strychnine, physostigmine and arsenic to make horses run, aconitine, cicutine and veratrine to make them quit, and atropine to make them fractious. Smart people.

#### DIET AND HUSTLING.

*Editor Alkaloidal Clinic:*—Every time I read the little article of Dr. Suloff in the November CLINIC, 1898, I get indignant. I

say every time, for I always read the CLINIC through three or four times. I don't know how Dr. Brewer feels about it, but I think Dr. Suloff bore down pretty hard. One would think Dr. Suloff stood at the right hand of God and knew just a little more about diet than the one who made the whole machine.

Ice cream and oranges will support the system of a man during longer and more continued exertion than Dr. Suloff ever dreamed of after eating his "Dago diet."

Mr. Miller won the six days' bicycle race for the second time, making more miles than any man ever before in six days, and only sleeping eight hours the entire time. He also won the six days' race in Chicago a few weeks later. Mr. Miller didn't eat "a plain diet of meat, potatoes and beans." No, he sucked the juice of thirty or forty oranges daily, and ate ice cream. The men who consumed meat and the heavy food recommended by Dr. Suloff dropped out of the race before it was half over.

Perhaps Miller wasn't a hustler. Perhaps the man who rode twenty-four hours in Chicago lately, and won the race without dismounting from his wheel, wasn't a hustler. This man ate only oranges. Dr. Suloff intimates that Dr. Brewer had better make away with himself as soon as convenient. That's the way I interpret Dr. Suloff's article.

Doctor, loosen up a little. You are hide-bound. My good old father used to pour sour milk on the backs of his pigs, and use massage with a cob. The ALKAЛОІDAL CLINIC is doing work that no other journal on earth is doing. Go on. It's a



E. D. PRESTON.

winner. When you get ahead of Chicago on new and practical ideas you have to hustle.

EDGAR D. PRESTON, M. D.  
Warren, Pa.

—:o:—

Our little ones receive Dr. Preston's suggestions with uproarious applause. Query —Are the universal cravings of children for fruit, ice cream and sweets evidences of a deeply implanted instinct, based on real needs, or instances of innate depravity? Don't theorize. Observe and report—Ed.

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#### THE TREATMENT OF CHRONIC DYSPEPSIA.

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*Editor Alkaloidal Clinic:*—If one give ear to the laudations commonly applied to various articles which are offered to the profession as remedies for dyspepsia, he will believe that his resources for the treatment of the disease are very complete and effective.

I have treated all phases of this affection, and have given an honest trial to many agents that have been brought to my notice, but my experience has been far from satisfactory. Pepsin was for a short time esteemed by a large number of physicians as the necessary quantity in the treatment of dyspepsia. It was upon extended trial found wanting. Then other digestive ferments were added to the list. Not only was there a great multiplication of forms of pepsin, but it was combined with other agents in varying proportions and strengths. Diastasic, pancreatic and other preparations, come to the physician in large numbers. Dr. George White, of Chicago, several years ago held that these agents were very often positively harmful. Many of the preparations generally kept in the drug-stores were found, he said, to be toxic, and their employment tended to aggravate every feature of the disease. Besides, many of these preparations undoubtedly act injuriously upon the system, not

only by the toxic material they contain but by their action on the coats of the digestive organs. Taken all in all, it may be said that these agents are more injurious than beneficial.

Without taking time to go into the reason why, we may conclude in the face of the evidence that these remedies are without value, and this accounts for the failure of the practitioner to get the results he wishes.

In my practice, now covering a period of twenty years, I have tested these old-time remedies; and, finding them valueless, have abandoned them and taken up a new treatment, which has brought me results of a most satisfactory nature. I have now tried this treatment for six years, and feel that it has been of the greatest service; so, because now I am able to bring about permanent cures, where in the past I only gave my patients relief of symptoms. I now began a new treatment which is based upon a logical study of the conditions present in these cases.

Intestinal fermentation is responsible for all the conditions present in most cases. Fermentation may result primarily from impaired stomach; that is, the walls of the stomach by dilatation or other cause may fail to pour out sufficient gastric juice. Organic disease of the stomach may cause fermentation in this way. Again, over-indulgence in food will very often produce this affection, and the continuance of the habit of over-eating will result in catarrh of the stomach, dilatation, chronic or subacute inflammation, and a multiplicity of troubles. In all cases of dyspepsia this element of fermentation is an active one, and it should be treated.

Glycozone will be found to serve as a remedy, *par excellence*, here. It is given before meals, in a mild two per cent. solution, in quantity of about two ounces; but after the meal is finished two teaspoonfuls of Glycozone should be taken. This should be well diluted with water, about a

wineglassful. This remedy alone brings about many cures, of cases which have continued for a long period. It has a toning action on the wall of the stomach, at once relieves the element of fermentation, and digestion proceeds normally. Below are given several clinical histories which seem to prove the value of the treatment here advocated.

Mr. B. A., age 33, dyspeptic for a year, worse in the past six months; greatly emaciated, pallid, slightly tinted with bile, appetite good, but he suffered so greatly with dyspepsia that he ate only small quantities, and with great caution. He had constantly a "sour stomach", and his bowels always contained considerable flatus. He had taken all forms of pepsin and digestive ferments, and many popularly advertised remedies. All these gave him for a short time some relief, but failed to give lasting results.

His diet was at once corrected; a list of eligible foods was written out, as well as one containing dietary articles which might bring unhappy results. No further reliance was put upon digestive ferments, and the patient was given Glycozone, four ounces aqueous solution just before meals, and just after eating he took two teaspoonsfuls of Glycozone in a wineglassful of water. This treatment was persisted in for seven weeks; the patient at the end of that time having ceased to suffer, quit reporting to the office. He has remained well for a year, has his old-time weight and good humor.

Mrs. P., age 31, sustained a fracture of the tibia and fibula, and being very delicate the drain on the system caused her to have dyspepsia. She suffered greatly with gaseous distention and other symptoms. She was given a carefully selected diet and her bowels were acted upon for a week with aloin, belladonna and strychnine. Glycozone was now given, after the manner outlined in the preceding case. This patient recovered without incident.

Prof. J., age 41, a teacher by profession, had suffered several months with dyspepsia, also from bilious attacks. He was put on proper diet and Glycozone, experienced relief in a short time and went on to entire recovery. These are a few of the many cases which could be taken from my notes, but enough to demonstrate my meaning.

ROBERT C. KENNER, A M., M. D.  
Louisville, Ky.

—:o:—

The author's experience is interesting, and we accept it as added evidence to the truth of the position we have held for years, that we should look to errors in the alimentary canal for the chief cause of most of the ills to which flesh is heir. Clean out, clean up and keep clean, should be our motto. The profession is indebted to Mr. Charles Marchand for his labors along this line, resulting in combining oxygen, that prince of all antiseptics, in such a way that we can conveniently use it, both internally and externally as required. In Marchand's hydrogen peroxide, Hydrozone and Glycozone, we have a means of helping the sick not given to us in any other way—a means which we should fully understand and appreciate. We too have had cases of dyspepsia that refused to yield to any treatment, even when in our own house and fed under our personal direction, until Glycozone was administered in a manner similar to that described by Dr. Kenner.—ED.

#### SUMMER HYGIENE.

*Editor Alkaloidal Clinic:*—Live in an elevated locality, free from effluvia and well-drained, with plenty of good water, eat at stated intervals and not to excess, secure plenty of sleep, bathe frequently, take outdoor exercise, and you will be in a very much better condition to enjoy life; and, should disease overtake you, your chances for recovery will be much better.

J. W. NIXON, M. D.  
Soldier, Kansas.

**POSITIVE STATEMENTS.**

*Editor Alkaloidal Clinic:*—We have just passed through a long siege of measles and grippe. In the measles, in many cases, there were relapses and complications, and that is where and when we were taxed. The fever, generally, was of the most stubborn character. Thanks to those who uncovered the casket and let out the trinity and nuclein (yes, and W-A I A, and calcium sulphide). Results tell me to stick to them. For some time I have "added nuclein" to all my fever mixtures (either aconitine or trinity), when fever continues beyond twenty-four hours.

Summer will soon be upon us, with its attendant dreads as regards children, cholera infantum, dysentery and all the bowel troubles peculiar to infancy and childhood. I have seen the time when I dreaded these complaints a great deal more than I do now, by far. The reason I do not have so great uneasiness and fear now is, I have acquainted myself with the cause, and as a consequence have adopted a rational treatment; which consists, in the main, so far as medical treatment is concerned, in the use of W-A Intestinal Antiseptic, copper arsenite, zinc sulphocarbolate, sodium sulphocarbolate, aconitine, trinity, nuclein and Waugh's Infant Anodyne; with now and then hyoscyamine, and plenty of cool, boiled water. The after-treatment generally requires brucine and most particularly PROPER DIET. Every one of the above remedies is a Deweyite;—not an Aguinaldo among them.

W. H. BLYTHE, M. D.

Mt. Pleasant, Texas.

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There's no uncertain ring there. How the use of certainties as medicines reacts on a man's own mentality. You find no wavering, uncertainty, timidity, misty knowledge hesitatingly and timorously applied, but men get accustomed to coming out flat-footed, and saying firmly what is

and what will be. "Let your speech be yea, yea, and nay, nay"; and you can if you know enough, and know that you know.—ED.

**RHEUMATISM.**

*Editor Alkaloidal Clinic:*—I am now located in this city permanently, and I want the CLINIC to get here, regularly every month.

I also want you to dot me down as the pioneer M. D. in alkalometry in this western city. I have nearly used up my granules of alkaloids, and starting out fairly well in practice, I went the other day to the drug-houses to fill up with the "little giants"; but am sorry to say I could not get what I wanted.

I at once concluded that there was a good opening here for a man who pushed "rifle-shot" medication. Two pharmacists are becoming interested in my "new way of therapeuting," who are willing to put in a stock of alkaloids; but you know, dear Editor, these little bullets do better work when we shoot them ourselves.

Mrs. B., aged 22, after having rheumatic pains for several days, "exploded" in her left knee with immense swelling and intense pain; suffered terribly all night, and next morning sent for me. I found her very yellow in the eyes, bowels constipated for two days, temperature hardly normal, pulse weak, slow and soft, pallid countenance. She has had several previous attacks, lasting ten to twenty days, but the pain was not so severe as at this time.

Treatment: Glycerin clyster, followed by a dose of seidlitz; then lithium benzoate, colchicine, digitalin and strychnine, "small and often", with every half hour five grs. sodium salicylate for twelve doses.

Called again at 7 p. m. and found her sleeping; at 7:30 much improved, heart-action good, knee much reduced and not

near so hot, face freshening up, showing that we were getting control of the circulation, elimination well started, bowels moved; watched the effect of the medicines and applied cold wet cloths until 9 p. m., when she felt "so good and easy" that she wanted to go to sleep. I left orders to keep up this treatment when awake, during the night, with a seidlitz early in the morning.

Next morning found her "nearly well", had a passage, kidneys acting freely, pulse good and strong, temperature full normal. She thought that if I would leave a little more of "those little things" I need not come any more. I called however in the afternoon and found her still doing nicely.

I tell you, Editor and readers of the CLINIC, Alkalometry is the *only medication*; and it will be the mode of practice here presently. I'll do all I can to bring that "presently" soon, and all the honor I would wish to ask is the recognition that I have been on that same track and pulling westward for lo! these several years. With best wishes,

W. H. SMITH, M. D.  
Kansas City, Kan.

—:o:—

He'll "get there"; while our wise men are trying to prove that the galenics are "good enough".—ED.

#### CAUSATION OF MALARIA.

*Editor Alkaloidal Clinic:*—I notice in my last an article with the above caption, and offer this evidence that the "water-borne theory" is correct. On the Brazos river, between Little and Big Brazos rivers, where I practised medicine for four years, there were then no artesian wells; and I did from \$3000 to \$3600 worth of practice. A few years later the artesian wells were adopted, and I only did \$400 to \$600 practice; while there was twice the population.

I remember several years ago, in May, I boarded the train at Palestine at 9:30 p. m., for Hearne, ninety miles west. Just before reaching the Trinity river, the train quit the track, and we were derailed in the valley all night. Every one of these passengers, myself included, had a severe headache; several puked and had fever. I had headache until 11 p. m., and all the rest still had their head trouble when I left them at Hearne.

This was malarial poison that caused the head trouble, and it was absorbed by breathing the malarial air. The trouble on the Brazos river was caused principally by drinking the water from shallow or surface wells.

The Trinity valley lands are very fertile, but up to the present but little of this land is in cultivation, on account of the pernicious malarial poison that infests that particular valley. If the people who own that land would only clear it of the brush and timber, and put down artesian wells so they could have no excuse for drinking surface water, these lands would be as valuable as those on the Brazos River, \$30 to \$40 per acre; and as it is, these Trinity valley lands are considered worthless because no one can stand the sickness during the summer and fall. I advised one friend seven years ago to buy a tract of 4000 acres in this valley, and to have artesian wells put down, which only cost about \$75 to \$100 each, and he did so, only paying \$1.25 per acre. He has lived on this land and has a large family, and not one of them has been troubled with malaria. And he is getting rich from the produce and stock which he raises, on this fertile valley land, which had been abandoned on account of malaria.

W. W. PUGH, M. D.  
Vesta, Texas.

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But, Doctor, you haven't said a word about how he got rid of the malaria-carrying mosquito! You'll have every scientist

in the East where there is no malaria after your scalp; and if you venture to Europe Golgi, Laveran, Marchiafava, Vermicelli, Guggenheimer, Skryzowski, Gschwendner and a few other savants whose names would dislocate my fingers to write, would be gunning for you. For what do the observations of a poor American country doctor amount to, who has lived all his life with the ague? Go to. Let him hie him to Boston and import a mosquito, with strict antiseptic precautions, get out his little microscope, and discover a plasmodium *he dares tag with the title of malarial without clinical proof*, and be truly scientific.—ED.

#### GOOD SEED IN GOOD GROUND.

*Editor Alkaloidal Clinic:*—I have taken the CLINIC eight months, and have progressively come to feel it to be the most helpful journal that comes to me, because there is more in it that I can make ready use of than in any other. I therefore wish to thank you for the sample copy that induced me to become a subscriber, and thank you also for the premium case that came with it, containing medicines in the form advocated, which enabled me to follow suggestions.

The advocacy of "Alkaloidal Medication" as a rule to follow was new to me, yet the principle did not strike me as decidedly novel nor as particularly new, simply because it looked so natural, such as would naturally be evolved, in the course of experience, observation and selection. There certainly is no more reason evident, why we should not use the active principles today, in preference to the tinctures and fluid extracts, than there was in times past for adopting the latter in preference to the crude drug in powder, or in the form of infusions or decoctions in half-pint doses of execrable taste. We have always considered that drug the most reliable, that was the most constant in the

amount of active principle it contained, a fact which led to the effort to make tinctures constant by assay and physiological proving. Why then should we not go to the active principle at once, thus discarding all inert matter, which is generally of uncertain quantity, and attain a certainty of action more absolute, together with a much greater degree of elegance and palatability than possible otherwise? A number of the alkaloids were adopted long ago, such as quinine, morphine and strychnine, and there has been sufficient opportunity, both as to time and availability, to learn about the others, to become aware that they are as certain and as constant in their action, and as prompt in their effects when equally pure, and as safe when given with care and intelligence, as those mentioned above.

This is as I reasoned the matter when I first read your journal, but notwithstanding this reasoning, when I came to use the granules you sent me, their effects were a revelation to me, both pleasing and gratifying; they were beyond my anticipations. I will give my first three cases:

Case 1—Wm. B., age 40, with pneumonia, Jan 2. Face pale and voice tremulous, indicative of distress, a hacking cough which was persistent in spite of efforts to control. Complained of considerable pain all over the body, more particularly in the lungs and especially in the right lung. Temp. 103.5°, pulse 130, resp. 45. Auscultation showed both lungs to be invaded, percussion showed an area of dullness about three inches in diameter in lower portion of right lung. First symptoms manifested themselves twenty-four hours previously, and progressively became more severe until I was called. I gave the trinity and glonoin, one granule of each every fifteen minutes for five doses, then to be given at half-hour intervals for six doses more. At the end of four hours I called again and found the patient much easier, and skin slightly moist, temp. 102°,

pulse 115, resp. 35. I then directed that the remedies should be given every hour.

Jan. 3. Temp. 100.5°, pulse 105, resp. 30. No pain, skin moist, coughing more, but easy and loose, sputa rust-colored. Glonoin discontinued. Other granules continued at two hours intervals.

Jan. 4. Temp. 99°, pulse 90, resp. 25. Felt perfectly easy. No change in treatment. On the following day the patient was sitting up, feeling comfortable but weak. I then gave strychnine arseniate and quinine arseniate, one granule of each every two hours. On the sixth he was convalescent. He complained a little, however, of nervousness and sleeplessness. I therefore left him twelve granules of hyosciamine to take one every two hours, and dismissed the case. The next day he sent for me again, and when I arrived he said to me, "Doctor, I can't spit and I feel queer all over". I told him that I would set that all right, and left him some codeine granules in place of hyosciamine, with the effect of correcting the difficulty and making him feel happy in a few hours.

I saw him about a week afterwards, when he said to me, "Doctor, those little things you gave me were wonderful in their effects, they relieved me so promptly and cured me so quickly. I knew what was the matter of me, for I had been there before and expected to have a long siege of it as I had then; in fact I was alarmed, and had my fears as to what the outcome would be; and now to be around so soon seems marvelous.

Case 2. Wm. B., age 26, grippe with pneumonia. Jan. 20. Patient was suffering excruciatingly, pain not localized. He said, "Doctor, I feel as though I had the toothache all over". He was coughing considerably and raising rust-colored sputa. Symptoms commenced three days previously, when he supposed the attack to be neuralgia, which he was subject to, and therefore had neglected it. Both lungs

were invaded. Temp. 104°, pulse 120, resp. 40. This was a case where the mentality had to be treated, so I gave him anti-febrin, antipyrin and salol, of each eighteen grains, mixed and divided into three powders, one to be given every hour. This gave him great relief and brought the temperature down to 101°. I then gave him the trinity, one granule every half-hour for six doses, to be continued afterwards at intervals of one hour. The case rapidly improved and was dismissed on the fourth day.

Case 3. Mrs. P., grippe, with pneumonia coming on secondarily. Jan. 22. Temp. 102°, pulse 160, resp. 24. Complained of "aching in the bones", and of feeling faint and dizzy when she would attempt to rise up. No pulmonary complication, but her heart was weak. I gave the trinity and glonoin, one granule of each every half-hour for four doses, to be continued at one hour intervals.

Jan. 23. Temp. 99.5°, pulse 105, resp. 22. Patient feeling comfortable. Granules to be continued at intervals of three hours. But next morning she was worse; temp. 103°. During the night while perspiring she had thrown down the bed-clothes, leaving her chest uncovered, in which state she went to sleep, to wake up and find herself thoroughly chilled. Result, pneumonia. I applied turpentine and lard to her chest and gave the remedies every half-hour for six doses, to be continued thereafter at one-hour intervals. Next morning the temperature was 103°, and they asked to have another physician called in consultation, which was accordingly done. My consultant objected to aconite in general, and for this case in particular. We therefore dropped it, but continued the other remedies at two-hour intervals, and gave additional carbonate of ammonia. She made a recovery in fourteen days.

One case more, which was of whooping-cough; of which we had an epidemic last summer, which I treated with the success (?)

I usually have with it. A man living six miles away in the woods, came to me two months ago, to have me prescribe for his six children, all of whom were suffering from the whooping-cough. I put up a palliative that had been successful in my hands, and at the suggestion of the CLINIC I gave also calcium sulphide, which I had known nothing about as a remedy for whooping-cough. I put up enough medicine to last ten days, with directions to report at the end of that time. But he did not report. While I was writing out these other cases he came into my office with a smiling face, to pay his bill, when he said to me: "Doctor, you are hell on whooping cough. Why at the end of ten days the children were so near well they did not need any more medicine, so I didn't come back." I was simply astonished, to wake up and find myself as famous, at least in one case, as a certain doctor whom we have all heard about, considered himself to be "on fits". And I fell to wondering how much I would have been the gainer, had I subscribed for the CLINIC a year sooner.

JOHN R. McCARTEY, M. D.  
Buffalo, N. Y.

#### DAY ON ACONITINE.

*Editor Alkaloidal Clinic:*—In the May CLINIC Dr. Day takes to task Shaller and CLINIC writers in general as being zealots; or, as he says, they "go off half cocked". Now, is there a reader of the CLINIC, who gives aconitine every half hour in high fevers and expects to get its effect? No! Then why condemn a drug before trying it properly? Dosimetric means dose-enough; then why do you not give enough if it is the remedy indicated? The way to give aconitine is, give the proper dose, *i. e.*, gr. 1-134 for an adult, every 10—15—30 minutes, to one or two hours, or until dose-enough, then at intervals to maintain the effect.

I have been using the dosimetric granules for eight years, and am positive that

the proper use of them aborts and mitigates disease-conditions better than any other form of treatment extant. In the years I have used the granules I have never had a case of pneumonia except one, that I did not jugulate; and that was in a patient having exophthalmic goiter, and they did good in this case. When you have a fully developed case of pneumonia it don't stand to reason that aconitine will produce resolution and a cure. It is in the fore front that the well-directed rifle-bullets do the quick work.

I use aconitine alone more in the treatment of infants than in adults, and it is a pleasure to see how they improve; also how readily they take their medicine, which is pleasant, compared with the fight and struggle with the horrid mixtures of ten years ago. I don't mean to say that aconitine is a cure-all. Aconitine will not put water in the body which has been burned out; so, in connection with your remedy, put in the water, on the water, and any way so you get the water there.

Again, in many cases aconitine acts better in conjunction with other drugs, as in the Trinity and Defervescent granules. The last named granule has lowered high persistent fevers where no other remedy has even helped, as for example in a case of catarrh of the bile-ducts. I have innumerable times stayed at the bedside, and got just such results as are recorded monthly in this journal. I could report them in various diseases, *viz.*: Scarletina, measles, influenza, indigestion, etc. But in every instance you must put your patient in the right condition to produce the effect. In thermal fever I would not want better results than they produce.

I will submit one case, *viz.*: Pearl, aged 12 years, was attending school, taken suddenly ill with chill, fever and pain in the right side; temperature 106°, pulse 180, pain in right lower lobe of lung, respiration 40, face flushed, skin dry, some cough, sputum blood-tinged.

Treatment: Free purgation with salines, cold sponging every three hours; thirteen trinity granules in twenty-four teaspoonfuls of water, a dose every fifteen minutes till moist, then hourly; gr. 1-134 strychnine arseniate every hour; mustard to the side, where there was slight dullness the area of two silver dollars. P. M., temperature  $102^{\circ}$ , pulse 120; treatment continued.

A. M. 3rd, temperature  $101^{\circ}$ , pulse 105, pain relieved some, cough less; p. m. temperature  $101^{\circ}$ , pulse 110, treatment changed to the Defervescent granules in same dose.

A. M., 4th, condition improving. Changed the mattress, and at noon saw the patient, temperature  $105^{\circ}$ , pulse 120, pain in the chest worse; could not account for condition until told of bed being changed. Put the patient at once on doses of the above every fifteen minutes, and applied a very small blister; p. m., temperature  $100^{\circ}$ , pulse 104, pain relieved.

From this on the patient improved uninterruptedly until to day, the 9th, she is up and feeling all O. K., and wants to go back to school. Now considering the fact that this girl has a very strong tubercular tendency, I consider it a remarkable case. And I could enumerate many more, without going off half-cocked. For with the granules I consider myself not only *cocked* but *primed and sure* of a center-shot in the bullseye. What say you, brethren?

W. T. CRAWFORD, M. D.  
Smicksburg, Pa.

#### WHAT CONVERTED HIM.

*Editor Alkaloidal Clinic:*—I do not like the looks of that blue pencil "check" mark. Please find enclosed a "token" evidence of a dollar which, with our ability to exchange for the real thing, will serve to expunge the spot, and bring the CLINIC to me minus the statement another year. I joined the charmed circle of CLINIC readers with the first issue of '98, and

ordered a small pocket-case with it. I was as shy as an old hen just off with a hatch of ducklings, or a country swain the first time he calls on his best girl and just as uncertain. But I am not married to any man's theory, and despise fraud in any form. So I tried the granules. They did not kill, and I kept administering them, to children chiefly. This winter I determined to launch out boldly and put them to the test.

A man came in and described his baby's condition to me: "Short of breath, fever, a little grunt after respiration, cough, etc. Can't you send something to her this evening? If she isn't better by morning I'll come after you."

I sent gr. 1-10 calomel tablets, q. s.; veratrine, strychnine, codeine and emetin granules, and ordered three each to be dissolved in eighteen teaspoonfuls of water, to be given one teaspoonful at once, one in fifteen minutes, then every half hour until patient became moist, then often enough to maintain this condition. He did not come back.

His brother brought a child the next day (six years old), eyes glassy bright, skin hot, breathing rapid, nostrils dilated, the little, short, grunting respiration so characteristic of broncho-pneumonia. I placed my ear to his back and found a patch  $1\frac{1}{2}$  to 2 inches in diameter over which crepitus was very plainly marked. I varied the treatment slightly, ordering calomel as before, and seven granules each of veratrine and emetin in eighteen teaspoonfuls of water, to be given as above; and one granule each of brucine and codeine to be given at once, one in one-half hour, then every hour. This man was to call. He never called again.

I met him next day and he told me the child was well.

I was on my way to see another child, who had been prescribed for by another practitioner; found him suffering the same way, gave the same treatment; called next

morning and found him convalescent, no fever, and hard to keep in bed, the pneumonic process still present, which speedily cleared up without further incident.

I surrender unconditionally. Will never treat another child for pneumonia with any other plan, notwithstanding the little pills beat me out of at least ten days' service, under the most promising conditions, and gave the undertaker no chance to haul the little white casket to the tomb.

If true merit generally won in medicine, this would not matter so much. But alas! a fine physique and a good bluffing department, kept in good repair, too often pass for medical ability.

Dr. Perkins recites an experience that many of us recognize. There is no possible doubt that the laity have learned to look upon the doctor who can drug his patients nearest eternity, skilfully and gradually, no matter whether they die or not, just so that they were sick a good while, as being a man of consummate skill and profound medical knowledge. This, however, is not strange, for of all things under the sun, about which a long suffering though often egotistic laity is in "deep, dark, impenetrable ignorance", it is themselves. And this is true, regardless of general intelligence.

This fact, coupled with the desire and tendency of the human heart to accept an explanation tho' occult and mystical, from those making the most plausible claims, places the profession of medicine on a plane as high and noble as a man can reach. The trust reposed is as absolute as it is blind. But cupidity and commercialism know all this, and make it very hard for us to be perfectly straightforward and honest, while we see the ignorant, illiterate pretender line his purse from the pocket of those of whom we have a right to expect more confidence in us who have been tried, than in the plausible fraud. But the startling intelligence, broken for the first time, of "you have consumption!" "can-

cer!" "Bright's disease!" etc., falls like a withering blight upon the recipient.

Then comes the crucial test: "Can you cure me, Doctor"? Commercialism and cupidity rise up and say, "yes, certainly."

Experience says, "in your heart of hearts you know you cannot"; and yet some get well apparently. The vast majority die. And yet if I tell my patients this they leave me and hunt up the sure-thing doctor, who has no more remedies than I have, nor better facilities for treatment, but a better claiming department, a more elastic conscience; in short is willing to practise deception, for dollars.

This comes up in a thousand and one ways in the course of a year. And if I am not willing to lie, they find the fellow who is.

Do not misunderstand me. I would not tell a patient that he must die. I will not tell a patient that I can cure the incurable. But in an experience of fifteen years I have found many, both willing and (apparently) anxious, to tell anything that admits them into the confidence of the patient. This phase of the art of medicine almost makes me pessimistic.

It is needless to add that I like the CLINIC, and would undergo some inconvenience, if necessary, to renew my subscription. If you had a line of alkaloidal granules with more heroic doses, it would suit my purse better. But for children and many others these are sufficient. Pardon this long epistle. You can perhaps read it next May when you are not so busy.

J. W. SHOOK, M. D.  
Canal Winchester, Ohio.

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Dr. Shook will have few friends among the undertakers. They don't mind anything in reason, but these dosimetric doctors ought to comprehend that everyone must die at least once, and undertakers must earn a living as well as others. But now they have no show at all, since the doctors get the patients well before the illness is fairly started.—ED.

## ANURIA.

*Editor Alkaloidal Clinic:*—January 10, a hearty woman of forty-seven was suffering pain in the epigastrium so intense that she could neither sit, lie nor stand with comfort. There was no vomiting, no distention, slight tenderness just below the ensiform cartilage.

I gave a hypodermic of morphine and atropine, which quieted the pain. She had had headache for which she had taken cathartic pills, after which the pain had begun. She rested badly that night and vomited small quantities of clear fluid. The pulse was 74, temperature  $98.5^{\circ}$ , skin dry; tongue clean; no hernia; no abdominal tenderness. I ordered Saline Laxative and atropine to control the pain.

Next day the bowels had acted, clay colored stools; stomach still aching, could drink coffee, milk or fluid medicine, but would throw up water at once. She had passed no urine for two days, so I drew off two ounces, thick, loaded with bile. Skin and eyes jaundiced, tongue clean and pointed, pulse 78, temperature  $98^{\circ}$ , respiration 18, paroxysms of pain every forty-five minutes. I gave podophyllin gr. 1-10, euonymin gr.  $\frac{1}{2}$ , emetin gr. 1-67, every hour for five doses, followed by a full saline cathartic: also a mixture of potassium bitartrate, digitalin and sweet spirits of niter.

The bowels acted freely, the stools like pea-soup, pulse 70, temperature  $96^{\circ}$ , no urine in bladder, gastric symptoms the same. Added elaterin gr. 1-40, every two hours. Stopped the mixture and gave caffeine and pilocarpine, thinking the niter might have lowered the temperature. Turpentine over the stomach and kidneys. The temperature rose, the other symptoms continued. Beta-naphthol in  $\frac{1}{2}$  gr. doses relieved the vomiting somewhat. No uremic symptoms and not a drop of urine in the bladder. A little perspiration occurred on the eighth day for the first time.

On the ninth day, the stools showed more bile, a little blood was vomited, menses came at regular time, no urine. Tenth day: Began vomiting bile, jaundice clearing, no uremia, pain worse at night and more frequent. I gave anodynes to the limit with no result. On the eleventh day, uremic symptoms at last appeared, she vomited black blood, ceased to complain but continued to vomit blood every half hour till 11 a. m., when she was propped up, slept thus for half an hour, when she choked in vomiting a large quantity of blood.

In malarial suppression of urine, when the liver begins to secrete, the kidneys soon follow, but these cases have high temperature and are due to congestion, both of which were lacking here. There never was any tenderness in the kidneys.

What was it that so utterly paralyzed these sympathetic nerve centers and affected the others so little? The stomach symptoms were evidently sympathetic, for the temperature was normal or sub-normal and food allayed the nausea. These negative any organic gastric disease. What delayed uremia so long? Why such rapid conversion of urea and destruction of the blood when it once commenced? Why did not the intense pain and loss of sleep produce more prostration? Why was the tongue not coated? Why was the breath pure and odorless to the last? Why was there no emaciation, for the flesh remained plump until death? Why was it that medicines in small doses acted readily on all the organs except the skin and kidneys?

J. T. MCCOLGAN, M. D.  
Arcot, Tenn.

—:o:—

How singularly this history resembles that of yellow fever, except in the temperature. Dr. McColgan's queries are most apt, and I would like myself to hear them answered by Aulde, Coleman, Schaaf, and by McColgan himself.—ED.

## HEMATINURIA.

*Editor Alkaloidal Clinic:*—I will state for the benefit of the readers of the CLINIC that I have had quite an extended experience with the so-called malarial hematuria. I saw fifty-four cases in the lowlands of Arkansas fifteen years ago. I relied upon calomel. I did not confine myself to ten to 100 grains, but gave three drams in forty-eight hours. I lost fifty per cent under the calomel treatment—in fact, I have seen hematinuria appear in one or two days after the administration of large doses of calomel. I don't say the calomel brought about the disease, but if calomel is a curative remedy, as the doctor from Mississippi states in the May CLINIC, especially when given early in the disease, I should think it would have even a greater influence when given a day or two before the disease appeared.

Now, I have tried on this dreaded disease almost all the remedies that have come into print from southern practitioners for many years, and today I would not lay down my hypodermic syringe and tablets of strychnine for all the remedies I know of. I do not hesitate to give a twelve-year-old child gr. 1-20, hypodermically, every three hours, until I make the muscles twitch.

For a boy, I suggested the strychnine, gr. 1-20, and spirits of turpentine, a tea-spoonful every two hours, until the kidneys acted. This patient had been sick four days; the skin, eyes and nails looked almost as yellow as gold; the patient could be aroused only with difficulty, and for twenty-four hours had had suppression of urine. I saw him at 4 a. m., and made this suggestion, which was followed by the attending physician until 5 p. m. of the same day, before the kidneys responded, and then the treatment was modified. The boy recovered. The last thirteen cases, my own and in consultation, had but one death.

This is no disease of the kidney, but simply a profound malarial toxemia, in which we have many broken-down blood-corpuscles; and it seems to be an effort of nature to eliminate the poison by every issue. My observation has been that the stomach is always very irritable, and will hardly retain anything; and, judging from the poor effect of any medicine given by the mouth, the stomach is to a great extent incapable of taking up medicine. So, when the stomach rejects food, medicine, water, and almost everything taken into it, what are we to do?

Then again, we have, to a great extent, a paralytic condition of the nerve-centers. We must, first of all, stimulate the nerve-centers by strychnine, and thus get the functions of the body in a condition to perform their offices, before beginning a systemic treatment *per os*.

My treatment is, strychnine, hypodermically, gr. 1-20 to 1-10, every three or four hours, till the physiological effect of the drug is obtained; turpentine, ten to thirty drops every four to six hours, owing to how the kidneys respond. But by all means keep the kidneys going freely. Don't be afraid, brother, you can't produce strangury until you have made the kidney respond to the remedy. Then keep the bowels going freely also, as in this way you don't hamper but assist nature in her effort to rid herself of a toxin that is doing the harm.

Of thirteen cases thus treated, without any calomel or quinine, there was only one death. Of twenty-seven cases treated with the largest doses of calomel, and calomel and quinine, there were twelve deaths.

Now, brethren, I have tried ca'omel; I have taken another group of cases and relied on quinine; I have combined the two together in another set of cases; and I have tried the strychnine, turpentine and epsom salts, with results as above stated. After the urine has cleared and the patient has begun to convalesce, I give quinine

with strychnine arseniate, for at least thirty days; and if the patient be very anemic, which is usually the case, I add iron.

This is rather lengthy, but I have not said all I would like to say yet on this very important subject.

S. E. ALLGOOD, M. D.  
Lucas, Kansas.

#### EXPERIENTIA DOCET.

*Editor Alkaloidal Clinic:*—I have read with much more than a passing interest the able article by Prof. Wahrer, in the March "CLINIC" entitled



"The Study of Materia Medica". I refer to this gentleman as the "Honorable", because I consider him as such for adhering so firmly to the tenets which should be adhered to in ref-

erence to the prescribing of remedial agents, and further for publishing that fact. There is altogether too much of this to-be-depreciated system of warfare against disease, of which he writes. It has become the fad among our professional brethren to direct the patient—or a friend of his in case he is unable to go himself—to the drug-store, for semi or patent remedies, in place of prescribing as the case demands. There is no use in trying to disguise the fact, that so soon as we commence to teach our patients that they can purchase a little of this or that, and mix it themselves, just as well as to write a prescription, right then and there we commence to lose ground.

There is a secret in prescribing which I have learned by bitter experience, and I will acknowledge this much: If I had never written a prescription I would be away ahead today. If the system of alkaloidal medication had been inaugurated fifteen years ago, when I was blown from the college down into a cold unresponsive

world, and I had used these means, which only the Gods would send, I would be much better off.

An alkaloidal case, filled with good old-fashioned remedies, is not expensive. The prescription cannot be refilled for all the neighbors. You must be consulted if any change is made necessary, and thus you have the case well in hand, and are not dividing your work with the druggist.

It has been said that physicians and druggists were brothers-in-law. That is all past. It will not hold good in this day and age. A prescription file which is loosely hung where everybody can consult it, a store full of proprietary articles and medicines, are two things which have done much to sever the relationship above referred to. Stick to the old *materia medica* —in alkaloidal form.

PARK HOLLAND, M. D.  
Coroner, Johnson County, Wyo.; County Physician;  
Ex-Mayor and Surgeon 1st Reg. N. G. Wyo.

—:O:—

The party we are waiting to hear from is he who has thoroughly tried dispensing the alkalometric remedies and gone back to the old way. Where is he? Hunt him up. There's a first-class opening for him at \$100 a week and nothing to do but sit still in the museum and let people gaze on his lovely lineaments (not liniments, please, Mr. Printer).—ED.

#### REPLY TO DR. COLLINS.

In a manly letter, which we unfortunately cannot give space to publish, Dr. L. B. Young, of Rolesville, N. C., energetically combats Dr. Collins' suggestion that the lynching of negroes for rape is attributable to men born during the angry passions of the civil war. Dr. Young denies that such lynching is in any way criminal or to be looked on as abnormal; and believes the Anglo-Saxons anywhere will thus resent the horrible outrage alluded to.

I imagine that there is little difference in men of all sections when it comes to deal-

ing with this crime. But a new thought has been suggested to me by a Southern physician recently my guest. He tells me that cocaine is being largely used by Southern negroes, being dispensed by druggists in five and ten cent packages. Knowing the effects of cocaine, even on the brain of cultured, scientific men, the question arises as to whether this may not explain the commission of the awful crime alluded to.—ED.

#### TRUTH BEFORE SCHOOLS.

*Editor Alkaloidal Clinic:*—There are two journals I could not discontinue. First of all, the ALKALOIDAL CLINIC; next, *Medical Brief*. The *Brief* is alright, except its editorials on finance. The editor has gone astray and is trying to hammer his "Goldbugism" into us doctors, when the truth is, we think we know what we need.

Specific medication and alkalometry go hand in hand and on the right line, and as they teach direct medication fulfilling specific indications, leaving out routine practice, it is very necessary that in order to be up-to-date we as physicians should adopt both.

But, Doctor, it is hard for us to lay by those old-time remedies and take hold of such as specific nux, lobelia, collinsonia, pulsatilla and many others. Then here come the nice little granules that go like single shot right to the spot, and knock out many aches and pains without having to wait to class the disease. And so the doctor makes a reputation; and the patient—well, he is lost in wonder that such little things could accomplish so much.

Then the specific nux, ten drops to water four ounces; indication, sallowness of skin, pain around umbilicus, etc; a teaspoonful of the dilution four times a day.

In the midst of a busy season and many patients, the doctor does not have time to search out what few good things there are in those hair-splitting theories, so the

CLINIC comes in the "nick-o-time", and supplies the need the doctor so much requires. It is short, concise, and to the point; is practical in its detail and so plain that any one may gain knowledge from its pages. If we practitioners knew how, we could save our patients from pain and death, and ourselves from chagrin and disgust. And the only way to know is to read, reason and remember, and to do this we should make good selections in journals and books.

So, dear Doctor, you may send me the little "budget" of medical news so that I may be well armed to meet our common enemy on the battlefield, and fire single shot from my "rifle", taking good aim so as not to miss, that I may be the "victor". I am an eclectic, but I do not refuse to accept a good thing when I see it. I have answered many inquiries about the CLINIC and alkalometry, and hope that much good may be done, not in the name of "pathy", but in very deed and truth, for the truth concerning any matter is what we mortals seek and need to help us along our journey here below.

Wishing you success in the dissemination of truth, and that you may lift us poor doctors out of the "old ruts" and place us on a high plane of medical education.

J. M. BARRON, M. D.

Liberty Hill, Ga.

—o:—

I hope you will never be so hard up but that you can send the dollar for the CLINIC, and I hope we shall never fail to make it worth ten times that amount to you. Do without other things, Doctor, rather than deny yourself the advantage of the benefits to be derived from good current medical literature.

We personally have no especial preferences; as medical editors we aim to keep away from all things political, finding it as much as we can do to teach the principles of alkalometry.

I do not advise you to give up the old

remedies unless you can find something better, neater, cleaner and more satisfactory to your patients, and certainly the granules are all this. I am glad to know, however, that you are a user of specific tinctures, for next to the alkaloidal granules they are the best thing. Stick to the old and well proven by all means until you find something better—ED.

#### CONVULSIONS.

*Editor Alkaloidal Clinic:*—A girl 5 years old had had five "fits". She did not lose consciousness, but "worked" hands and arms violently. She had eaten raw apples, vomited twice and bowels moved slightly. Pulse 180, temperature 104°, respiration 54 and very shallow.

**Diagnosis:**—Gastro-intestinal irritation, auto-toxemia and *la grippe*—as three others of the family had *la grippe*, and she had complained of pains in legs and arms during the previous day.

**Treatment:**—Aconitine, hyoscyamine, digitalin, strychnine, codeine and camphor monobromide, each six granules; water twenty-four teaspoonfuls. **Direct:**—One teaspoonful every fifteen minutes for four doses, then every half hour for three doses, then every three hours; also calomel gr. 1-10 every half hour till bowels moved.

Two hours later her pulse was 150, temperature 102.6°, respiration 40, skin slightly moist. Six p. m.; child had been very restless almost all day; bowels moved freely several times, first evacuation greenish, the others natural. She would throw herself from side to side and throw the arms above the head for a minute or two, moaning and talking incoherently, then relapse into a semi-stupor for a few moments, head thrown back somewhat. Temperature 102°, pulse scarcely perceptible but about 100, some purpuric spots on right side of abdomen and right hip. Diagnosis changed to cerebro-spinal meningitis. Prognosis very unfavorable.

Treatment, whisky; cold application to head and back of neck; mustard over heart; morphine sulphate gr.  $\frac{1}{4}$ , atropine sulphate gr. 1-50, strychnine sulphate gr. 1-30, ergotin, gr. 1, water ten teaspoonfuls. **Direct:**—One teaspoonful every half hour till quiet, then every two hours. The child died at six o'clock on the following morning. After midnight she lay perfectly quiet, so that they could scarcely tell when she died.

P. M. BROWN, M. D.  
Camlachie, Ont.

— :o:—  
I am not clear as to the diagnosis, but incline to that first made. It would have been wise to have emptied the stomach with an emetic, and then pushed the stimulants. Tincture of iron, gtt. x every two hours, would have been my thought, with Nuclein and strychnine arseniate. It is a pity such cases are not posted. I would be glad to hear the views of others on this case.  
—ED.

#### REPLY TO DR. GILLIAM.

*Editor Alkaloidal Clinic:*—I would like to make a reply to Dr. C. F. Gilliam's objections to alkalometry, as published in the CLINIC for February.

I have been a subscriber to the CLINIC since its commencement and have practised alkaloidal treatment since about four years ago. At first I had some of the doubts of Dr. Gilliam, but familiarity with the alkaloids has removed them, and I use them now with the confidence born of successful experience.

I have seen so many instances of their immeasurable superiority over the older forms of medication that I rarely use the galenical preparations, and when I have to I feel like a ship in a stormy sea, whose steering gear has gone overboard, and she at the mercy of the elements.

Dr. Gilliam objects to the expense. Personally I don't find this an obstacle, as I always manage to get an extra fifty cents

for my medicine, so that I really score on that ground.

Then as to the infinitesimal dosage: Certainly at the first glance this does look small, but, it by no means follows that, *in toto*, this is really so. For instance, at times I have had to give the Trinity (aconitine gr. 1-134, digitalin gr. 1-67, strychnine arseniate gr. 1-134), for six or eight hours, at intervals of fifteen minutes, before I got the results I sought. Then, again, my patients rarely ask me what drug I am using, and if they did, how are they able to determine whether the dose of any alkaloid is large or small?

As to dispensing, my practice is to dissolve so many granules in so many tea-spoonfuls of water, to last till my next visit, or if I am in my office I dissolve the alkaloids in as much water as necessary, put the mixture in a bottle and direct in the usual way; or, I put them in the folding paper boxes (A. A. Co.) that are so cheap and handy.

With reference to remaining at the house of the patient to watch the effects of the medicine it is seldom necessary. I order the medicine given until a certain definite effect is produced, and then given less frequently, or stopped, according to requirements; and I find almost invariably that all has gone well, and the symptoms ameliorated or gone. At the same time if I am called to a very urgent case, I sit by the bedside until I find I can leave with safety, and give the medicine myself. There comes in the real value of the alkaloids, for I find that it takes but a little time, provided the medicines have been judiciously selected, whereas with the older preparations I never knew when I could say they were safe.

Just a case to illustrate: Jan. 29, called to Geo. F., 28 years old, suffering from pneumonia; quick respiration, sharp pain in chest bad cough, tenacious sputa and the usual signs of pneumonia. I ordered the Trinity mentioned above, every fifteen

minutes until his pulse was 85 or 90; bryonin for the pain, emetin and codeine for the cough, and turpentine and lard, equal parts, to the chest on a cotton jacket. The temperature was stubborn, and it took about eight hours to soften the pulse and bring it down to the desired limit. Probably if I had been there to have watched the case this time would have been considerably shortened. The patient made an uneventful recovery, having no falling back from the beginning of treatment to the end.

One of my patients, who knew him, said to me: "How did you keep his strength up so well, and bring him out so soon?" His father, who was formerly a druggist, said to me: "I notice you get results with every dose you give. I remember when I was in the drug business, the physicians were always changing from one fluid extract to another, because they couldn't get the results they wanted; but you keep right on and hit the mark every time."

Another case: Mrs. K., an elderly lady, very weak and fragile, suffering from *la grippe* complicated by pneumonia; under similar treatment progressed rapidly to recovery and is today sitting up, and describes herself as feeling strong and well, although she could for days take nothing but about one pint of milk a day. Now under the influence of strychnine arseniate, gr. 1-67, every four hours, followed by a tablet containing reduced iron, acid arsenious and strychnine, she eats well and sleeps soundly. This case had been treated for a similar attack the year before, by the galenical preparations, and was months in convalescing. Of course I nourished her as well as I possibly could all this time.

Both the above were new patients, receiving me at first doubtfully, but now with open arms; and all through alkaliometry.

Lastly, I don't find it necessary to use many alkaloids at one and the same time,

for knowing the action of each of the drugs I use, I can shoot harder with one or two than with ten. I always keep the bowels flushed with Saline Laxative.

J. TULEY WHEELER, M. D.

Quincy, Calif.

—:o:—

Thank you, Doctor, for your excellent statement of the case. It is so directly to the point that I am sorry I did not leave the answering of Dr. Gilliam to our readers entirely.—ED.

#### DR. SINGER'S CASE.

*Editor Alkaloidal Clinic:*—Dr. Singer, page 249, April CLINIC, has made the error of using the dark iodide of lime in a clear case of diphtheria, and not in a case of membranous croup. He says: "Symptoms during the last eighteen hours: tonsils covered with grayish membrane, extending downward beyond view." The exudate of diphtheria may take place in the trachea and tubes, but the exudate of membranous croup never occurs upon the tonsils. The doctor's case was diphtheria involving the air passages and constitution, what some call diphtheritic croup.

The doctor adds: "Calcium iodide was used throughout my attendance." This was not a case in which the dark iodide of lime was at all indicated. It was of no more use than iodide potassium or any other alterative would be. I have never claimed that the iodide was to be used in diphtheritic croup, and if the doctors are to keep on making erroneous diagnoses, and using the remedy in diphtheria, the effort to bring its virtues before the profession may as well be given up now as at any time, because the reputation of the drug will be ruined. It is as near a specific in membranous croup as any specific we have, but of no value in diphtheria.

The fact that the doctor lost his case is no argument either for or against the

iodide. It was not a failure of the iodide of lime to cure a case of membranous, simply because it was not a case of membranous croup at all. Antitoxin was the remedy for his case.

V. E. LAWRENCE, M. D.

#### MENINGITIS.

*Editor Alkaloidal Clinic:*—The prevalence of this disease in this part of the country renders it necessary for some one to give it a little attention, and I know of no better way to start the ball to rolling than by calling the attention of the CLINIC readers to it. The doctors of western Kentucky have been unable to stay the ravages of this disease. In my native county (Henderson) alone it has brought death to fifty families, and yet there seems to be little or no abatement of its ravages.

At a meeting of our medical society, at Henderson, Ky., were seventy-five very able physicians; and they decided, after discussing the matter thoroughly, that there was but little known of the disease, as it has appeared here. Nearly every true case in this epidemic has died. The disease doesn't seem to be contagious, but infectious, like typhoid.

I now have under my care a case, Mrs. B., aged 24, very strong and plethoric. March 8, found her sitting up in a chair, her husband applying iodine to the back of her head. She arose and began to stagger round the room, holding her hand to the back of her head. I gave her a hypodermic of morphine and atropine; her husband had already given her about  $\frac{1}{2}$  grain of morphine, but it seemed to have no effect. Temperature  $105^{\circ}$ , pulse 160, and very weak, cheeks flushed, sweating profusely, pupils widely dilated. At times during the night there was delirium but most of the time her mind seemed dark or somewhat clouded. I proceeded at once to give her a heroic dose of potassium bromide and applied bran poultices to the

nape of the neck and back of the head, as hot as her mother-in-law could wring them out of hot water, changing every five minutes. In one-half hour she began to get relief. The poultices were so hot that the lady's hands were blistered, and a blister rose on the back of the patient's neck, still she never complained of it being hot until next morning. During the night, when she was suffering so intensely, she would call for the poultices to be changed every few minutes, saying they had gotten cold; and when we would take them off they would still burn our hands.

Next morning, when she began to complain of their being hot, we changed to dry cold in the form of ice-bags; one at the nape of the neck, and one by each mastoid process. This we continued for five days, and then took it away by degrees, as the pain had almost subsided. Since then we have only applied them when the pains recurred.

Dr. L. L Janes, a very eminent physician of Hebbardsville, Ky., was my consultant, and he agreed with me in my diagnosis and approved of my treatment, he having had several cases all of which died.

I gave strychnine for her heart two days, and then changed to digitalis to prevent accumulation; also alcohol. She became very restless and suffered a dull aching pain after the first night, and I ordered chloral hydrate gr. viij, and potassium bromide gr. x, to be given every three hours. This was contraindicated theoretically, as the heart was very weak, but the quiet rest seemed to exert a good influence over the heart. I now give it twice daily. I also gave atropine and ergot, to benefit the cerebral circulation, for several days; plenty of milk and some soup; Nuclein (Aulde) which seems to act beautifully; two tablets every three hours. If there should be leucocytæmia in any disease it is in this, hence I gave Nuclein.

This is the sixteenth day, and she is just beginning to sit up, with pillows at her

back. She is taking plenty of bland diet, and says she feels better every day. If this patient gets well I shall always attribute her recovery to the twelve hours' hot poulticing we gave her, and I firmly believe that if this had not been done the inflammation would have extended down the spine by morning and caused convulsions. At least nearly every other case has done this.

I hope to hear from the editor on this subject, or from some of the CLINIC readers who have had some experience with this epidemic.

I have tried the "Dosimetric trinity" in a critical case of pneumonia, and it certainly acted like a charm. Hyperpyrexia can be relieved in children by this, much more satisfactorily than by hydrotherapy, notwithstanding the fact that I'm a thorough believer in water for many medical purposes.

H. F. CLAY, M. D.

Delaware, Ky.

—:o:—

Dr. Clay's case recovered, and I believe his use of heat was a powerful aid; especially since all his drugs except Nuclein have been repeatedly used in epidemic meningitis and failed.—ED.

#### NUCLEIN IN TUBERCULOSIS.

*Editor Alkaloidal Clinic:*—I reported two cases of phthisis pulmonalis treated by Nuclein hypodermically in April, 1897, CLINIC. The one treated only four months, and diagnosed without the aid of the microscope, died last month from said disease. Treatment was discontinued, Dec. 1, 1898. Patient had lost fever and cough, and gained twenty pounds in weight, when treatment was stopped. I thought at the time that the clinching of the cure had not had sufficient time, but for financial reasons treatment ceased. On account of the expense incurred, the patient was turned back to the family herd, to take her chances with the rest. She began to fail

rapidly since September, 1898, and it was not until last Christmas that her family doctor felt competent to pronounce her disease phthisis.

The second case, treated eight months was much worse, and diagnosed microscopically as tuberculous, but is still living and enjoying fair health. His treatment was also abruptly terminated on account of lack of money.

Treatment to be effectual should extend over a period of from eighteen months to two and one-half years. Feeding, and the maintenance of the equilibrium of the physiological processes, must accompany the administration of Nuclein. The second patient had a bad family history.

JAMES BURKE, M. D.  
Appleton, Wis.

—:o:—

Dr. Burke's report will be all the more valued from the absence of any disposition to become unduly enthusiastic. It is the cool, critical, but just, we want to investigate these new remedies.—ED.

#### ALKALOIDAL MEDICINE.

*Editor Alkaloidal Clinic:*—I am an eclectic, core and fiber. All progressive practitioners know that we preach and practise specific medication.

Many if not all the alkaloids have a specific action and influence upon certain morbid conditions of the body; but what I do not understand is, the seeming

A. J. MANN.

“routinism” in the alkaloidal methods of practice. I have been a faithful student of alkaloidal medication ever since it came to my notice, and I can not help but observe the prescribing of effervescent salt, aconitine, digitalin, veratrine, strychnine arseniate and calcium in most all the diseases.

However, I approve of the gradual and minute dosage, which will give a gradual



effect and no toxic action. It is also opposed to heroic medication, which I detest. Another good thing in alkaloidal medication is the easy administration in granule form. Eclectics are liberal, so liberal that they select anything good, from whatever source; but they treat the pathologic conditions of disease with whatever agent they believe meets that condition specifically. Many of our school, I am happy to say, use the alka'oidal granules, because they are *good*, and of standard strength, but not in a routine way.

Since the publication of my other short article of last year, my name, it seems, has come into prominent notice, especially so of the many drug-houses, as I have received numerous circulars and price lists from concerns adorning themselves with the adjective *Alkaloidal*. From this I naturally infer that perhaps some of them are preying upon the merit, worth and reputation of The Abbott Alkaloidal Co., of Chicago. But let this be as it may. I trust that Doctors Abbott and Waugh, together with the large CLINIC family, will be clearer in the future on specific indication and drug-action. If you will do this you will certainly win more of us. While I say what I do, I don't see how I could do without the CLINIC.

A. J. MANN, M. D.  
Luz, Ga.

—:o:—

You are right, Doctor, and we do recommend a few remedies many times. There are two excellent reasons for this. These agents meet indications present in the vast majority of diseases, and hence their use is indicated very frequently. And we write for doctors, learned in the old ways, to whom it is of great importance to get thoroughly acquainted with the uses of a few of the modern drugs. On this firm foundation they can soon build from the materials of their old habitations. Doctor, tell us some of your specific indications.—ED.

**THOMPSONIAN PATHOLOGY.**

*Editor Alkaloidal Clinic:*—I am in receipt of the current number of the CLINIC, and am very much amused, as well as pleased, with brother Allison's article headed "Accidental Cataclysms in Medicine and Their Lessons." I am reminded by his reference to the Thompsonian treatment, of an incident that occurred in my county court, wherein a case came up for trial which involved the skill of a certain Thompsonian quack, who had bought a right to doctor with lobelia and red pepper. My old friend, Dr. P., was one of the opposing expert witnesses. Among the questions asked of him was:

"Do you know the effect of lobelia?"

"Yes."

"What is its effect?"

"I can only reply in the language of an old practitioner, who was called to see a patient (in the hands of a lobelia doctor), who was in collapse. Dr. P., asked the Thompsonian doctor what he had given. He replied, 'lobelia.' Dr. P., asked 'what did you expect to accomplish by it.' The quack replied, 'I was trying to unscrew her navel.' The lawyer asked, 'did he do it?' Dr. P., replied, 'I guess he did, for the woman died'."

G. D. STANTON, M. D.

Stonington, Conn.

**CRUOP.**

*Editor Alkaloidal Clinic:*—I have read the articles on "Maternal Impressions" and your comments (of which I very much approve) with a great deal of interest. Following these articles on page 249 of the current number of the CLINIC is an article on membranous croup, which I read with surprise, and with feelings of sadness and of sympathy for the physician who evidently is honest and thought he was doing all in his power to save the life of the little patient. Few of us who have prac-

tised medicine for fifteen years and more, but that have passed through similar experiences, and have felt our utter helplessness in the presence of "membranous croup".

I approve of the editorial comment in this case, also, so far as it goes, but am sorry it was dismissed with three lines. I believe the doctor is very much in earnest when he reports his unfortunate experience and asks for suggestions, etc. He asks for light.

I suggest to the doctor, that, in his next similar case, he give one thousand units of antidiphtheritic serum at the earliest possible moment, and repeat the dose, if necessary, in twelve to twenty-four hours.

A. H. ROCKWELL, M. D.

Kalamazoo, Mich.

**AMENORRHEA.****LABIAL TUMOR.**

*Editor Alkaloidal Clinic:*—Enclosed find \$1.00, for which please enter my name and send me the pocket-case, and a "Brief Therapeutics."

I believe I am behind the times in the practice of medicine. If I am, I want you to help me up through the columns of your journal.

I live away down here in the swamps of Arkansas, where malaria is always at par. If there is anything better than tinctures and fluid extracts in medicine I want it, let it be in granules or quarts; we need it here.

Miss N. B., age seventeen, menstruated last March for the first time, regular for five months; no flow since. She nearly dies at times. I have used iron, aloes, arsenic, strychnine, hot-baths, with no advantage. What next?

Mrs. K., age twenty-five, married eleven months; pregnant, nearing term. Has a tumor, the size of two fists, encircled around the orifice of the vagina. It has been coming for four months. I tapped it

in several places; it dripped by pressure, a milk-like fluid. I have been tapping it every week since; it fills up and gives her a great deal of pain; gets so large she can't stand on her feet. After I tap it she seems to be at perfect ease for four or five days, until it begins to fill up; after tapping it reduces to the size of two fists. It has grown about two inches up in the vagina, and involves the clitoris, mons veneris; the whole orifice is surrounded until you can scarcely insert your finger. The tumor looks like dead fish gills. I look for trouble when she is confined; but I shall open the tumor thoroughly and drain it dry, the first thing when I arrive. What are your diagnosis and treatment?

C. H. NELSON, M. D.

Doyle, Ark.

—:o:—

If the girl is anemic, give her Sanguiferin, which contains perfectly preserved blood, and manganese and iron, add sanguinarine nitrate, three granules twice a day. When the time for the flow comes, add an emmenagogue tablet three times a day, with hot sitz baths or vaginal injections.

The second case seems to be one of lymphatic stasis, probably from pressure. Let the woman wear a supporting bandage. I would like to hear from our readers on this case.—ED.

#### STOMATITIS. CANNABIS.

*Editor Alkaloidal Clinic:*—For aphthous, ulcerative or mercurial stomatitis, or for ordinary sore throat, try the following: Ext. pinus Canadensis (white) three drams; hydrogen peroxide two drams; potassium chlorate ninety grains; papayotin fifteen grains; distilled hamamelis three drams; Cuthymol two drams; water to make four ounces. Direct: Dilute with an equal volume of water and gargle often.

Try hyoscyamine in chronic mania. This is a much neglected remedy.

For "old sports" (I hope there are none in our profession), who have sinned away

their day of grace and need an anaphrodisiac, give cannabis indica. If they want to be made drunk without violating the prohibitory law, and Lord Byron says "man being reasonable must get drunk; the very best of life is but intoxication," give them cannabis indica.

In cases of heart-trouble, where the diagnosis is not positive and the patient seeks relief, I have been gratified with the (shot-gun) heart-tonic, given in the Abbott Co.'s price-list.

We cure by similars, dissimilars, and medicines the action of which we cannot explain. I am much pleased with Saline Laxative, and carry a box when I go into the country.

W.M. B. MEAD, B. S., M. D.  
Oberlin, Kansas.

#### THE HALTING FIRST STEPS.

*Editor Alkaloidal Clinic:*—I have been in practice eighteen years, and have long felt the need of something better than the old methods; in fact, I have been considerably disgusted with them. The dosage of the old galenic preparations has for years seemed to me inexact and nasty. I have not been able to say how much of the active principle my cases get. I have felt that an apology was necessary every time I gave a sick person a dose of the old preparations, on account of the large doses and nasty taste.

While I have had these thoughts and feelings about the old methods, I have been slow to make a change. It is hard to get out of old ruts. When I began to read the CLINIC I became greatly interested; began to see that there might be a way out of my troubles. I became a regular subscriber, got your premium case, and since have used the alkaloids more or less. Still, I am shaky in regard to the potency of your preparations. In your "Brief Therapeutics" you advise the use of aconitine and veratrine for the fever in meningitis; cicu-

tine for pain and spasm; atropine and hyoscyamine in small dosage to flush the capillaries and relieve central congestion, etc. Now, Doctor, is this a mere theory of the action of these medicines in this disease, or have you put them to the test?

The evening I received the new case I had a call to a case of roseola; rash well developed; complained of severe pain in breathing, in back and in head; temperature 102°; hard dry cough. I ordered aconitine, one tablet every half hour; atropine, one tablet every hour; Saline Laxative to move bowels. Result: no relief of symptoms, bad night, no action from Saline Laxative, though a heaping tea-spoonful was given; not repeated. Better next morning. I made only one visit.

Had an obstetric case this morning. Everything natural. Labor completed in two hours. Fixing to leave when I noticed the patient yawning, and wanting more air; began to get pale. I found no external hemorrhage; at once cleared uterus of all clots best I could; now gave glonoin, two, hypodermically, repeated in fifteen minutes; in interval gave ergotin, three, by mouth. In about fifteen minutes after the last hypo., gave atropine, one, repeated in twenty-five minutes. When these measures were begun the pulse could just be felt. By the time they had been carried out the pulse was fairly good, and the patient otherwise considerably improved. Left her on hyoscyamine for after-pains, two tablets every one or two hours.

Now, Doctor, I want you to write me candidly and freely, showing wherein I have failed. If the new method proves to be a success, I shall use no other. Or, if it proves to be better than the old method, I shall use it alone. I am not writing this for publication, but because I want more light.

J. C. D., M. D.

—, Texas.

—:o:—

I am glad to know that you are investigating along these new lines, and hope

that you will come out on the right side. Doctor, there is no "theory" in my "Brief Therapeutics." It is a crystallization of my personal experience, which I submit to be rational medicine; and I am sure, as you test the suggestions I have made therein, you will find that in the main they are correct.

Your experiences in the cases you detail are interesting, and must prove to you that there is efficacy in the small dose of true concentrate medicines. You ask me to tell you how you have failed, and I don't see that you have failed. You were successful in the cases detailed, and what more can you want? You might have added emetin and codeine in the first case, and strychnine in the second, with advantage. But as you become familiar with the alkaloids and accustom yourself to their use, you will trust them as you have never trusted drugs before.—ED.

#### POST PARTUM HEMORRHAGE.

*Editor Alkaloidal Clinic:*—I see it is in order for the subscribers of the CLINIC to resort to its columns to express their appreciation of alkaloidal medication; and as I have some professional friends who are still in the dark, notwithstanding I have repeatedly had them supplied with copies of the CLINIC, and told them of the value of alkaloids, I wish to report a case.

A primipara, 25 years old, in labor six hours. I used all my power to deliver her, but after ten hours' hard work, giving everything to increase the flagging pains, I resorted to my forceps, and in a few minutes delivered her of a ten-pound boy. The lady was doing seemingly well, and I was giving my attention to the new-comer, when the father called me to run to his wife, that he thought she was dying. I found her in collapse. I had my hypodermic in readiness (as I always do) for emergency, and immediately introduced one of Abbott's nitroglycerin and strychn-

nine tablets which I had just received. The result was magical. Before I had time to refill my syringe with glonoin (which I was doing), the lady revived and made inquiry about the baby, which at that time had revived and was expanding its lungs sufficiently to satisfy the most skeptical.

I report this case to show the superiority of alkaloids over the old method of medication. The lady was having a severe post-partum hemorrhage, the strychnine and glonoin were equal to the emergency. When Abbott's alkaloidal tablets of strychnine and glonoin are used timely, post-partum hemorrhage will never occur. I believe this combination a specific for this class of hemorrhage. The lady in question made an uneventful recovery. All I gave her afterwards was strychnine arseniate gr. 1-80 four times a day.

I could report cases for the next forty-eight hours, successfully treated with alkaloids, but as the CLINIC has so many able contributors I do not want to take up your valuable space. But allow me to call the attention of your readers to aconitine and emetin in bronchitis of children. Let them try it and report results.

A. W. BARTON, M. D.  
Goldthwaite, Texas.

—:o:—

Call again, Doctor, we will be glad to see you.—ED.

#### OVEREATING AND OVERDOSING.

*Editor Alkaloidal Clinic:*—A boy and girl, aged four and six, ate part of a small fish; the others ate of it but were not ill. These two on retiring ate heartily of yellow dock greens, and next day were taken with vomiting. On the following day I found them very weak, the tongue coated, abdomen relaxed, temp. subnormal; the boy rested well at night, the girl by day also. Her pupils were contracted. Both had excessive thirst. I gave calomel gr. j, In-

gluvin gr. v, and podophyllin gr.  $\frac{1}{8}$ , four doses, one every three hours; alternating with strychnine arseniate, nuclein and glonoin, one granule each.

At my next visit no improvement was manifest. The girl showed signs of collapse, but rallied. I gave her strychnine arseniate and quinine. The purgative had not operated. The abdomen began to show tenderness, and she had hot flashes. The boy was prostrated. I gave him nuclein m. x, camphor monobromide, hyoscyamine and strychnine arseniate, of each one granule every hour until he reacted a little.

Next day they began to show a typhoid look, the temperature subnormal, nausea; tongue dry and parched, red at tip and edges; bowels not acting, abdomen swelling. Changed to elixir quinine, strychnine and iron, alternated with Celerina, cimicifuga, avena and belladonna; also gave two drops croton oil to each child. This moved the boy slightly, the girl not at all. but a dose of mustard seed cleared her bowels. The girl, however, collapsed, reacted, had a spasm and died.

I then changed the boy to quinine bisulphate, gr. v, every three hours hypodermically, with zinc sulfocarbolate gr. ij, alternately. This nauseated so it had to be stopped, so I added strychnine arseniate to the hypodermics. This held up the heart well till noon, when he weakened, and at 8 had collapse, a spasm and died.

Was it malarial poison? What held the temperature subnormal, 98°? What caused the secretions to dry up without fever? What caused the typhoid state? The kidneys did not act well at any time.

J. T.

—:o:—

This is the most lamentable story of mismanagement I have read for a long time. The cause of the trouble was clear—overeating of greens, possibly half-cooked, not necessarily poisonous. The indication was

simple: Sweep out the alimentary canal with a full dose of castor oil, and let the children alone till nature restored the digestive balance. Not one of the excellent remedies given in such preposterously large doses was indicated. Nausea might have called for calomel in doses of gr. 1-20, every half hour, but not another drug should have been given.—ED.

#### ASSERTIONS NOT PROOF.

*Editor Alkaloidal Clinic:*—Allow me to thank you for your remarks on Dr. Reeves' letter, page 247. The Doctor seems ever ready to oppose every new discovery, seemingly from no other reason than that he does not understand it himself. He never investigates the subject but contents himself by making dogmatic assertions without any attempt to prove his position. It would seem that he wishes to condemn everything that was not practised forty years ago. To investigate, to put a new theory or discovery to a practical test, seems to have never entered his mind. Or perhaps to his great mind the idea is not worth investigating, so it is dismissed with one wave of his noble hand. It must have been practised forty years ago to be worthy of his investigation.

He has taken up a great deal of space in the *Texas Medical News* in trying to condemn the Woodbridge treatment of typhoid fever, but he makes no attempt to prove his position, just contents himself by making his dogmatic assertions. He admits he has never tested the treatment, therefore knows nothing of it practically. He objects to the theory. As the Woodbridge treatment is antiseptic, the doctor must of course object to the theory of antisepsis in typhoid fever. When urged to thoroughly test the treatment before passing judgment on it, he replies that he tested it forty years ago. Ah! Dr. Woodbridge! You are a long way behind, after all.

He says he has used the antiseptics,

quinine, charcoal and carbolic acid. What think ye? Is this the modern antiseptic treatment for typhoid fever? Dr. Waugh, you made a mistake when you introduced the sulphocarbonates in the treatment of typhoid fever. Quinine is the remedy. Did you not mean quinine when you wro'e sulphocarbonates? What a blunder.

And now he comes to the CLINIC with his sweeping assertions. Who would have thought that any man who claims to know "straight up" would have made such a statement as Dr. Reeves made relative to Alkalometry. Could anything but pure, unadulterated ignorance make a man think it would require a stomach made of rawhide to bear the dosimetric doses of the alkaloids? I can see but one benefit in publishing such letters, and that is to expose the ignorance of the writer.

Should we not investigate any subject before we pass our judgment either for or against it? We cannot well condemn or endorse that of which we know practically nothing. As to aborting or ameliorating typhoid fever, why, "it just can't be did!" Why? Because Dr. R. says it can't. Has he ever tried it? No. Does he give any reason for saying "it can't be did"? No, not he—that is not his way. "It can't be did, just because it can't be did. 'Tis no use to give any treatment a trial, 'tis no use to investigate the matter, it just "can't be did."

After hundreds of the leading practical physicians all over the United States and elsewhere have testified their ability to abort many cases of typhoid fever, Dr. R. comes forward with his dogmatic assertion, "it can't be did," it yet remains to be proven by the *ton*. I wonder who are the *ton*. Are they the writers of fifty years ago? They can prove nothing as to the present. We want something on the new discoveries. Are such men as Dr. R. the *ton*? They will never prove anything because they will not investigate; they will put nothing to the practical test. We want

light. Can we get it from such men? I think not. I rather think they would lead us into utter darkness, should we follow their dogmatising assertions without asking for the proof.

I do not write this for publication, but simply to show my appreciation of your correct dealings with such letters as that of R. I have not lost interest in Alkalometry. The more I study and the longer I practise it the more I am convinced that it is the real, true scientific plan of medication.

G. M. JAMESON, M. D.  
Buda, Texas.

#### NOTES.

*Editor Alkaloidal Clinic:*—Alkaloidal therapy is a new idea to me, as I began using alkaloids less than three months ago. In theory they are ideal and in practice marvelously effective.

The series of articles on Sexual Hygiene is proving very interesting. I should like to see a freer discussion of what constitutes a normal sexual function. Reason tells me that an orgasm as the climax of coition should be physiological with a woman as well as with a man; but all the investigation that I have been able to conduct forces me to the belief that this is unusual. If any orgasm is normal and physiological, why is it wholly unknown to so many women who are otherwise fairly healthy? Pain may be inevitable at the termination of pregnancy, but I do not believe that nature ever intended that conception should be anything but pleasurable. An apparent common cause of apathy is late marriage, and a consequent atrophy—so to speak—of the sexual function from disuse. This is true of men to some extent as well as women, but is less common because disuse of the sexual function is less common among males. One of the greatest impediments to the recovery of a normal sexual appetite is the somewhat prevalent idea that thought

on sexual intercourse is obscene. Purity is justly valued, but it should not be carried to the point of interfering with any normal function.

There seems to be a tendency on the part of the editors and some of the correspondents of the CLINIC to howl down inferences in relation to "Maternal Impressions". Very, very many inferences are accepted as facts in this art of ours. I also have an inference to propose as the result of an investigation of several cases of so-called "maternal impressions". A case came to my notice less than a month ago. I did not see the child but from what the woman told me it had spina bifida, absence of the abdominal wall, and clubbed foot. It was stillborn at seven and one half months. She attributed the whole trouble to the presence of a dwarfed and deformed sister-in-law for a couple of months during the pregnancy. I seized the opportunity to make a physical examination and discovered a decided mitral deficiency. This is my fifth case of "maternal impressions", where I have been privileged to examine the parents and in each instance I have found organic disease in one or the other. My inference is that "marking" is a result of organic disease of one or both parents. My theory is that the impaired cellular nutrition, result from the organic fault, produces a defective ovule or spermatozoon, and in the development of the embryo the defect is continued.

In answer to question No. 450, I will say that I recently saw a man 60 years old who had hip-joint disease at eight years of age, and whose leg "withered" at that time, but who has a nearly perfect leg to-day and has had for thirty or thirty-five years.

To the answer of question No. 454—symptoms of tobacco-heart I would add that there is often an irregular intermission of the pulse, together with a decided increase in rapidity with each inspiration.

E. I. RAYMOND, M.D.  
New Windsor, Colo.

**A SPINAL CASE.**

*Editor Alkaloidal Clinic:*—In 1890 Mr. D. consulted me about a slight pain in his left hand, in the joints of the little finger.



G. M. VANARSDALL. The entire forearm and hand were gradually involved. When the pain was absent it was replaced by stinging numbness. He was then 44 years old, of good family and irreproachable morals. Syphilis was positively excluded. He had been a soldier in the war. In 1891 I went carefully over him but found no disease to account for the symptoms, except slight tenderness over the lumbar spine. The pupils were both dilated at times.

In 1892 he had difficulty in standing alone, especially with the eyes closed; had spells of vertigo, unsteady gait, twitching of the left hand, swerved to the right in walking, pain in hand less frequent but more severe, pain in all the limbs, difficulty in walking, trouble in liver, kidneys and bowels, pupils dilated, a sense of unrest, tightness around the waist, vesical paresis, pain and tenderness over the lumbar spine.

In 1893 all symptoms were aggravated, an eruption resembling erysipelas appeared on his legs, large corns came, and suppurated. There was a peculiar jerking of the knee. He could stand erect with difficulty.

In 1894 he went to Hot Springs, Ark., and came back worse. He seemed twisted and contracted from the pain in his limbs.

In 1895 there was little change and he was seen on the street frequently with his crutch or cane.

In 1896 he went to the Indiana Mineral Springs, but returned as usual, no better. The spine was then curved slightly to the left, and there was a noticeable lump on the lumbar spine. He now required two crutches. He had frequent falls, getting

up unaided. His bladder now became troublesome, requiring catheterization frequently. He tried several forms of treatment now, a "chiropractic", some one at Ottumwa, etc. I usually found him on the floor, twisted and contracted into a shapeless mass of suffering humanity. I could not see how a man could suffer such excruciating pain and live.

In 1898 he had a rubber from the Kirksville school, who treated him for six months, with no benefit. Six weeks ago he called me to see an eruption on his legs, like the former but worse, with great swelling of the legs, numerous pustules like those of smallpox, sores coming in a day and disappearing in a night. They heal in one place and appear in another. The heart is weak, slow and irregular, temperature normal, urine free, specific gravity 1014, no sugar or albumen. appetite good, mind clear, sleeps four to eight hours daily, and likes best to stand up, propped on all sides. What is it? What will I do with it? What will be the result?

G. M. VANARSDALL, M. D.  
New London, Iowa.

—:o:—

The history is not that of syphilis. The long course excludes cancer. The eruptions are simply trophic manifestations of the decay of the nervous trunks. Altogether our impression of this case is that it is one of spinal cord lesion, probably due to the encroachment of a non-malignant tumor upon the spinal canal. Or, there may be tuberculosis of the body of one of the lumbar vertebrae.

What will he do with it? In the face of such a history, leave the beaten track and strike out into new territory. See if there is room for a justifiable surgical operation, If not, give nuclein, in doses rising till "something draps." Try ethyl chloride to the spine for the pains. Keep the ulcers clean and aseptic, and nourish the debilitated tissues with Bovinine, applied locally. Try saturation with Arsenauro.—ED.

## ALCOHOL FOR MOTHERS.

*Editor Alkaloidal Clinic:*—Apropos of the subject "Maternal Impressions" I came across the enclosed item to-day—which I send with my compliments—adding that the point it makes has oft been verified in the human family, when a child, born to a drinking father, has been endowed with as strong a repugnance to all phases of intoxication, whether in its own parents or others, as this dog had. On the other hand others have just as certainly and clearly been endowed with a taste for the damnable stuff. Yet we have physicians who are ever ready to prescribe some form of alcoholic preparation for the mother's use to increase the flow of milk, and thus sow the seed for another drunkard; to say nothing of a constitution to be undermined, and thereby an increased infant mortality; as was clearly and significantly shown some years since in N. Y. City, where the alarming infant mortality caused a sweeping investigation, and it was found that it arose from feeding milk from cows fed on mash from the distillery. If cows' milk is therefrom deteriorated does it not certainly follow that the mother's milk is also, the only difference being one of degree?

I have fought this matter of feeding mothers on porter, ale, and the like for twenty-five years, single handed and alone where I have been located, yet it is the routine of almost all our fashionable physicians.

How about the CLINIC sowing a little seed along the highways and byways, through its columns, to be picked up by its many readers—and thus start a little thought upon the subject?

Yours fraternally for the good of the fraternity and the advancement of mankind.

C. H. LANPHEAR, M. D.  
Worcester, Mass.

—:o:—

Yes, Doctor, we will most heartily favor

you in any attempt to sow the seed of temperance. But do not mix up diet and heredity with maternal impressions. The latter refer to a distinct impress made upon the fetus through an impression made on the mind of the mother during pregnancy. Most of those who believe in maternal impressions agree that the impress must be made during the early months of pregnancy.

As to the dislike of alcohol in the drunkard's child, we may most readily explain that on the ground of common sense. Those of us who have witnessed the deplorable effects of drink abhor it, even if we have no drunkards among our forbears. That the drunkard's children inherit the drink appetite in other cases is, however, due simply to heredity; and is physical rather than mental or moral.

Cows fed on distillery grains give abundance of milk but it is deficient in nutrition, the strength of the grain having been taken from it to form the beer. This is an instance of improper feeding; and I have repeatedly noted the same results when nursing mothers used alcoholics to favor the flow of milk.

The slip kindly forwarded by Dr. Lanphear was an account of a dog whose mother had been injured by a drunken man. The mother and her son showed a decided antipathy to drunkards, the latter biting her master when he got drunk. Very interesting if true. Years ago I made it a rule to investigate every remarkable case described in the "newspapers." I wrote for information to the leading doctor of the town whence was reported a case of "buried alive," "hydrophobia," "puzzles the doctors," etc., etc.; and finally gave it up because I had not found a solitary case that proved to be true. The jay reporter had to supply copy, that was all; and in the absence of facts drew on his memory, eked out by imagination. Please don't ask me to take any "newspaper" tale as evidence.—ED.

# THE SPECIALTIES

Notes upon Surgery, Gynecology, Eye, Ear,  
Nose, Throat, Rectal and Other Special  
Branches, by the Masters of these Arts

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Your Editors { W. C. ABBOTT, M. D.  
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**PURPOSE OF DEPARTMENT.**—To give our readers the benefit of the experience of prominent workers in various special fields. Any reader is permitted to ask questions direct to any department worker whose name is here given and a reply will be made in the next issue of the CLINIC. If "personal" replies are also required, a fee of \$2.00 must accompany the query. We trust that all who have occasion to do so will make free use of this opportunity.

## GYNECOLOGIC.

Few realize how great are the changes in the uterus and oviducts during menstruation, until such structures are observed under the microscope. In the quiescent state or intermenstrual period the utricular glands are relatively small, present distinct outlines and run generally parallel to each other. Much interstitial connective tissue may be observed between the resting glands.

But in the active stage of menstruation the whole scene is changed. The glands enlarge, some of them five to six times as large as the normal resting gland. They become tortuous, folded, elongated and widened. They appear much more affected than the interglandular substance. The cavity of the gland has in it many red and white blood-corpuscles and a considerable quantity of mucus. Blood seems to burst through the layer of glandular epithelia and flow over the surface of the cavity of the gland. The endometrium becomes congested, edematous and swollen. In some cases which I examined on the second day of menstruation I could not detect a single break of glandular epithelia. Thousands

of blood-corpuscles could be observed on the surface of the endometrium with mucal secretion.

The scene in the oviducts is equally significant. The best stain in such cases is logwood and eosine. This produces a beautiful deep bluish red for the glandular epithelia of the endosalpinx, and a delicate golden for the connective tissue. The folds of mucous membrane in the oviducts on the second day of menstruation fill the whole lumen of the tube. They are congested, edematous and swollen. The oviducts' mucosa is covered by much mucus and a variable amount of red and white corpuscles. There is apparently more blood on the endosalpinx than there is in the endometrium. The whole menstrual organ, the uterus and oviducts, becomes congested, edematous and swollen. The uterus may increase one-fourth to one-third in volume in height of menstruation. During the state of rest of the utricular glands many are entirely filled with the glandular, columnar, ciliated epithelial cells. But in the second day of menstruation the gland was many folds widened, in some cases five to eight times.

In the animals below man, e. g., the

mammals with bicornate uterus, the utricular glands in the uterine horns are much more distinct and manifest than in the human.

In a woman in the second day of menstruation there was not a single break in the lining of the endometrium or utricular glands, nor was the mucosa of the endosalpinx shedding. If an endometrial or utricular epithelium were to be shed it would absolutely need to occur in the later days of menstruation.

In considering the endometrium as a lymphatic gland, as suggested by Leopold, we could easily imagine how a woman is preparing a nest for gestation, monthly and rhythmically. Menstruation is considered as the shedding of the superficial parts of the endometrium from the cervix upward, and is simply preparing a nest to gestate a fetus. With this object in view, the disintegration, the partial sloughing of the superficial portion of the endometrium, we may acquire some ideas how a woman's uterus becomes gradually infected at the menstrual rhythm, and the infective process continues until chronic metritis exists. The denudation of the intact endometrium provides an infectious atrium and it proceeds in a rhythmical rotation, for the infective irritation induces more congestion at each monthly rhythm.

More recent microscopic labors on the menstrual organs (uterus and oviducts) have convinced me that shedding of the epithelia of the endometrium or endosalpinx is extremely limited, or does not occur.

The utero rectal ligament reduces the semi lunar fold of Douglas, which forms the lateral wall of the Douglas or utero-rectal fossa. It is a strong primary or direct uterine support, and of vast significance in the practice of gynecology. Uterine prolapse or sacro-pubic hernia can not occur without the uterorectal ligament is elongated or ruptured.

The utero-vesical ligament is produced by the reflection of the peritoneum from

the uterus to the bladder. It is a secondary uterine support.

The cavity of the uterus is triangular in shape, about one and one-half inches in length, with its apex at the internal os and an angle at each corner. It is closed with oviduct sphincter, the smooth anterior and posterior walls in contact, but will normally hold about fifteen drops. The cavity of the cervix is spindle-shaped, about an inch in length, possesses longitudinal radiating folds, with the os internum at the upper end and the os externum at the lower end.

The uterus is three inches long, two in breadth at the oviducts, one inch thick. It weighs about an ounce, is flattened in the anterior posterior diameter, and constricted at the internal os, or junction of the neck and body of the uterus. It is nearly flat on the anterior surface, and convex on the posterior. It varies in size and consistency during menstruation and pregnancy. It has little connective tissue. It atrophies after the menopause. The uterus is an erectile organ. The cervix has a cylindrical body with a spindle-shaped cavity. Its mucosa, hard and pale, possesses relatively few glands and is thrown into longitudinal radiating folds on the anterior and posterior surfaces.

It has three segments, viz; infravaginal portion projecting into the vagina and located below the level of the posterior vaginal wall; the intravaginal portion projecting into the vagina and located below the level of the posterior vaginal wall; and the supravaginal portion, that above the level of the posterior vaginal wall. The uterus having four sphincters, two in the cervix and two at the proximal ends of the oviducts, is subject to varied circulatory changes. A sphincter is a guard to the orifice. They are subject to frequent dilatation and contraction, consequently congestion and decongestion, as monthly rhythm, pregnancy, engorgement from excitement of erectile tissue, change of attitude, and fullness or emptiness of the ad-

jacent organs, bladder, rectum, sigmoid, cecum, etc. The sphincters have a complicated nerve supply, a high blood supply, and a large lymph supply. They are subject to malignancy, strictures and fissures or abrasions.

The vaginal portion is interesting as it is the only part of the uterus directly accessible to the finger or visible to the eye. The cervix atrophies after the menopause, labor or dilatation. Trauma produces physiological or pathological lacerations in the cervix. Only pathologic lacerations need repair. The eversion of the endometrium and consequent exposure in pathologic lacerations produce an atrium of infection. The cervix is non-erectile.

BYRON ROBINSON, M. D.

#### EYE, EAR, NOSE AND THROAT.

C. R. H. writes:

"P. J. F., aged 77, in July, 1878, lost sight of right eye, from getting too hot in harvest field; did not suffer much pain in the eye at the time, but in June, 1895, began suffering paroxysms of pain at right side of nose, in the lip, around the orbit and in the temple. The attacks come on suddenly, and are accompanied with great tenderness, especially at seat of greatest pain, and the least touch will almost cause him to cry out. He says if the pain would last any length of time he don't think he could stand it. The capillaries on the affected side of face and nose are very much enlarged and distended with blood. General health good, bowels inclined to costiveness at times. Attacks are worst in the forenoon. What treatment would you advise? Aconitine and the tonic arseniates give partial relief."

Both the history and the symptoms in this case point to the diagnosis of *chronic glaucoma*, though it is not possible to confirm it without knowing more of the condition of the eye itself. If the tension of the eye ball is increased, the pupil dilated and the anterior chamber less deep than its fellow of the opposite side, glaucoma certainly exists.

Temporary relief may be obtained by in-

stilling frequently a four-grain-to-the-ounce solution of pilocarpine hydrochlorate, or a one-grain solution of eserine sulphate. Permanent relief can be obtained by an iridectomy. Glaucoma in one eye is so frequently followed by the same disease of the other that any irritation however slight of the sound eye in this case should be met by sending the patient to an oculist.

A. B. B., writes:

"Lady, 60, has times of numbness of hands and feet, can't tell whether the needle is between her thumb and finger or not, and presses it more and more tightly so as to be certain, till she becomes greatly exhausted. This may be brought on by eating things that disagree, particularly hot bread. The appetite is poor, can go days with scarcely any food, cannot eat if she has got the meal herself, because of the heat, which is unbearable, and also the smell of the food is repugnant. Starchy foods and albuminous are about equal. Bowels rather constipated and flatulent. Profuse perspiration on least exertion, so that the underclothes become dripping wet. Very deaf, still her daughter makes her hear by talking into the ear. She said it was caused by taking strong medicines, particularly quinine.

Heat anywhere, is unbearable. Has sick headaches every two or three months. The auditory nerve is not destroyed on the right side evidently, or she could not hear her daughter. Is there any hope of restoration of hearing?"

Examine the ears for the presence of inspissated cerumen. If found it should be removed by syringing with a warm solution of sodium bicarbonate. If the external canals are clear the prognosis is bad, as the ear trouble is then probably due to chronic non-suppurative inflammation of the middle ear.

HUGH BLAKE WILLIAMS., M. D.

#### ELECTRO-THERAPY.

K., of Detroit, writes:

"L. M., age 44, motorman, 5 years' experience. Two years ago received a severe electric shock while on his car, was stricken senseless for a short period. Entirely

helpless for five days, severe sharp pains ever since, whole length of spine. Pain follows down to both knees, feet cold continually. Left limb slightly paralyzed since last September. Walks with difficulty, using cane. Eats well and digests well, kidneys in perfect condition. Seems to be slowly getting worse; is unable to work. Has had all kinds of treatment except alkaloidal; have not taken the case yet, except on consultation. Dark complexion, steady and of quiet temperament previous to accident; head continually wavers now."

In this case an electric shock has caused the trouble and electricity must be our remedy. You may call this homeopathy or what you will, but it is nevertheless the best treatment to be used. The whole nervous system has received a severe shock and some of the more important branches have simply lost their normal vibratory tone by being over-stimulated electrically. Du Bois Reymond says that a nerve subjected to repeated electrical shocks loses its normal current, and therefore its function is destroyed. In order to restore the normal tone to these nerves which have lost their vibration it is necessary to use static electricity. The treatment termed static insulation is the best, and was fully described in a former issue of the CLINIC in an article upon the treatment of Bright's Disease. (See March, '98, issue.) In this treatment, as long as the patient is seated upon the static platform, every nerve is bound by a vibratory strain, and consequently each nerve is only taking the vibration which suits it, as all nerves respond to different vibrations. In this manner a normal condition of the nerves is begotten. The treatment should be given for 20 or 25 minutes, each day, the patient being connected with the positive jar of the machine.

E. H. G. writes:

"Kindly give me some information on the following case: Mr. H. age twenty-five, sexual appetite normal, is exceptionally fond of caressing his wife's

sexual organs and body, but the pleasurable sensation that should be present in copulation is absent. He hasn't the least bit of sensation in the glans penis during the act. His orgasm is normal, although taking place before he is ready and the erection disappearing at once. The organs are below normal in size; testicles,  $1\frac{1}{4} \times 3\frac{3}{4}$ ; penis, pendulous,  $1\frac{1}{2} \times \frac{5}{8}$ ; erected,  $5\frac{1}{4} \times 1\frac{1}{4}$  the glans penis being about one-half as large as the body, and flaccid. He has never enjoyed coition to the extent that a normal man should, and his organs have always been as described, their present size not being due to dissipation. Can anything be done for the man? Can the organs be nourished and the size increased by the use of electricity?

Aphrodisiacs give a little benefit in sensibility. The size is what he wants increased, more than anything else. He will give any man \$200 that will give him an organ  $6\frac{1}{2} \times 1\frac{3}{4}$ ."

If you can get a true history of this case, extending back some years, you will likely find he has a strongly erotic and morbid sexual tendency, from which his mind is never free. These tendencies create the most profound prostatic impressions, which are without doubt the prime cause of his present condition.

While static electricity would do much to repair the nervous impairment already established, the real cure lies largely in the patient being able to divert his mind, by occupation or otherwise, from anything pertaining to sexuality.

The size of the organ will increase with the passing away of these morbid tendencies.

It is possible Dr. Waugh or Dr. Abbott may have something to say about this case.

C. S. NEISWANGER, M. D.

—:o:—

I would like to examine that man's organs, his urethra, rectum and spine. Until then I would not care to make a suggestion. Can any one tell us why so many men are anxious to have the size of their sexual organs increased? The world seems pretty well populated, and a little extra size is not known to increase a man's wealth, worth or happiness.—ED.



# CONDENSED QUERIES ANSWERED



The great amount of material that has over-crowded our "Miscellaneous Department" in the past, renders the establishment of this new department a necessity. The essentials of a long letter can often be put into a few lines. Many have important questions they would like to ask but do not for lack of time to write a "paper". It is for just these that this space is given.

Queries coming to this department prior to the 15th will be answered in the issue of the month if possible, and if your editors do not feel able to give the information desired, the point in question will be referred to some one who is; while at the same time this, as well as all other departments, is open to the criticism of our readers. Free thought and free speech rule in the CLINIC family.

*Query 583.* A GIRL had scarlet fever, followed by suppression of urine; temp. 101°; delirium; and after an irregular course, died with symptoms resembling delirium tremens, and vomiting a black fluid like ink. What was this fluid?

G. W. W., Ohio.

Acute nephritis. The fluid was probably bile, though altered blood may be vomited in these cases of urinary suppression with uremia. My treatment would have been diuretics, steam baths, and pilocarpine to free the skin, active cathartics, counter-irritants over kidneys and support.—ED.

*Query 584.* MARRIED lady, fifty-five years old, passed change of life several years ago, youngest child sixteen years old; has had for several years constipation complicated with internal hemorrhoids, headache and pain in loins in the morning, getting better after getting up; will not submit to an operation for the hemorrhoids. What treatment would you advise?

C. M. F., D. C.

Saline Laxative enough to keep her regular; hamamelin, seven granules daily; stretch the sphincter under anesthesia if permitted; if not, apply an ointment of white lead and tannic acid to the piles.—ED.

*Query 585.* I AM putting in every spare minute posting myself upon the use of the alkaloids. My only trouble is the dosage. Many times in going through, as the lawyers say, a "hypothetical case," I am obliged to stop and transpose, and figure out the dose from the old extracts and tinctures to granules.

C. H. R., Minn.

You are making a mistake by trying to regulate your dosage by the old system. Do not try, Doctor, but take the granules as you would new remedies, and give your one or two granules every fifteen to sixty minutes in acute cases, or every two hours in chronic ones, pushing them until effect, with very little regard for age, sex or pre-

vious condition of servitude, excepting in children under twelve, to whom apply Shaller's rule.—ED.

*Query 586.* UNMARRIED lady, nineteen years old, had in childhood severe inflammation of both tonsils which became hypertrophied and were afterwards amputated; since then a round hard tumor has grown out from the stump of the right tonsil, has existed for several years and causes considerable annoyance; treated with iodides without improvement; the tumor has changed but little for several years. What treatment would you advise? Would galvanism be of any value in connection with alkaloidal remedies?

C. M. F., D. C.

Take out the tumor by the galvano-cautery; or inject thiosinamin into it. Give calcium brown iodide seven grains, Nuclein (Aulde) seven tablets and phytolaccin seven granules every day, for a month; then if not better do as suggested first.—ED.

*Query 587.* A MOTHER, thirty-eight, four months in pregnancy now; sixteen years ago, and two weeks after confinement, was without warning attacked with epilepsy. For a few years the recurrences were only two or three a year, later they became more frequent, and for the last few years come three a month; since her last pregnancy two or three a week.

Without warning she falls suddenly, pale countenance, no frothing, no convulsive movements of the extremities, no biting of the tongue or lips, but she lies as if in a profound sleep. This lasts five to seven minutes; then she gets up and goes about her household duties; no coma following, only a drowsy, sleepy feeling, with some nervousness. She experiences no discomfort and feels as easy as if asleep, except the nervousness following.

Will some one please diagnose, prognosis and treat?

C. C., Tenn.

Hystero-epilepsy. Prognosis depends on success in finding and removing the cause. Treatment ditto. Examine her till there is not a cell of her body with whose condition you are not familiar. Keep her on vegetarian diet, keep the bowels clear and clean, and lessen nervous

irritability with cicutine, hyoscine and nickel bromides. Waugh's Nervine granules would fit the case.—ED.

*Query 588.* In Dr. Zeisler's "The Sexual Act," he mentions a case where the woman was perfectly impassionate, stating that he advised the husband how to proceed, etc. I have a similar case in my practice, and would like to know how Dr. Zeisler instructed that husband. In this case both are perfectly formed, have been married eight years, no children, woman claims the act is painful, and, like Dr. Zeisler's case, she is perfectly impassionate. What would you recommend, Mr. Editor?

What would be the consequences if we should run an aspirating needle directly into the lungs and apply medicines direct to the diseased tissues?

P. D., Ark.

Better ask Dr. Zeisler. Meanwhile, examine the glans clitoridis and see if it is hooded by the prepuce; also if it is developed and possessed of normal sensibility. Further we cannot go without personal examination.

Iodine has been injected into the tuberculous lung with benefit. There is no special danger if the operator knows what he is about.—ED.

*Query 589.* A GIRL of ten, epileptic since sixth month, never menstruated, free from fits only three months of her life, has three to ten a week; since I took the case in December she has had but a few light spasms, while taking the bromides, cypripedium and opium.

J B. M., Ark.

You should examine her, under anesthesia, by the rectum, and ascertain the condition of the genitals. Your present treatment will be still better if you drop the opium and add cicutine and hyoscyamine amorphous. Alternate the "big dose" bromides with the "little-dose" bromides, of gold, arsenic, mercury and nickel. Keep the bowels clean and clear, and limit the diet to vegetables.—ED.

*Query 590.* A GIRL fifteen years old, has fits at regular intervals, every twenty-three days; never had any sign of menses. Please give me a remedy.

J. W. W., I. T.

This is a hystero-epileptic case, and menstruation ought to be induced at once. Try her with the emmenagogue tablets, giving them for one week previous to the

expected fit, and giving iron arseniate gr.  $\frac{1}{6}$ , sanguinarine nitrate gr. 3-67, and potassium permanganate gr.  $\frac{1}{3}$ , three times a day in the intervals. Let us know the result.—ED.

\*  
*Query 591.* MAN, fifty-five, perfect health; eats meat once daily; no stimulants, tobacco or narcotics; appetite good, bowels regular, sleeps well; an active energetic business man; has acne rosacea of the nose for ten years, getting worse this last year or so; is much worried about what appears to be a "brandy-blossom" without a cause.

Treatment has been for six weeks, first thing every morning a draught of effervescent saline; calcium sulphide well pushed; Arsenauro t. i. d. after meals; locally, galvanism once a week, with the moist sponge electrode of a twelve-cell chloride of silver dry-cell battery, and at bedtime an application of Saratoga ointment. No improvement. Please correct line of treatment and diagnosis.

A. M. P., D. C.

I would lance those spots and scrape out the little sacs, and give hydrastin, seven granules a day, in addition to your present treatment. Let us know the result.—ED.

*Query 592.* A LADY, sixty-three years of age, weighing 184 lbs., father died of pneumonia, mother died of gastric cancer; two sisters and brother died of gall stones; patient well till fifty, when rheumatism developed, followed by erysipelas. Urine, sp. gr. 1010, scanty, heavy with phosphates which produce cystitis; bowels constipated; skin dry and scaly; brown spots appear on arms: cold feeling after breakfast at the stomach, followed by eructations and numbness at the base of the tongue; heart very weak, at times requiring stimulants; pulse slow and irregular; sight dim.

Y, Mich.

The case is one of defective renal elimination. Limit her use of nitrogenous food, order plenty of water between meals, and give apocynin, seven granules daily as a diuretic. Tone up the heart with digitalin, three granules every four hours, for a week, followed by sparteine. Regulate the bowels with Waugh's Anticonstipation granules, and see if you can not retain her phosphates by giving full doses of Nuclein.—ED.

*Query 593.* A MAN, age 68, rugged constitution, habits good; eight weeks ago had a very severe chill, lasting several hours, temperature 103°, very severe pain in right chest.

The right lung is solid; except a small area under the clavicle. No respiratory murmur, no vocal fremitus. Has been slightly jaundiced; no dullness below the margin of the ribs; bowels normal, urine normal, appetite poor, tongue clean, rests well, heart

getting weak and irregular until I put him on strychnine; temperature now  $99^{\circ}$  to  $100.5^{\circ}$ .

The diagnosis has been enlarged liver, crowding the lung. My diagnosis is pneumonia, of a bilious type, with delayed resolution. Pleuritic effusion can be excluded. If my diagnosis is right what is best treatment for him? If I am wrong what is it, and what should be prognosis and treatment?

What will best hasten resolution? He coughs a little but does not raise much.

W., Pa.

In spite of your excluding pleurisy I would feel like making that my diagnosis. If not, you have a pneumonic consolidation. In either case, use the compound iodine ointment, applied to the chest and well rubbed in every day, giving hydriodic acid internally in full doses; nuclein also in full doses, and strychnine arseniate gr. 1-30 three to six times a day. But you ought to have the sputum examined, and that right soon.—ED.

*Query 594.* Miss B, age 23, severe aching in lower epigastric region at each menstrual period, confining her to bed. It occurs five hours after the flow, is most severe for twelve to twenty-four hours, then gradually subsides. It has been worse for the past year; now occurs between periods, though not so severely.

She has a great deal of headache and other wandering pain, sleeps badly, has bad dreams, wakes up not rested, has a tired no-ambition feeling all day. She has chronic nasal catarrh and catarrh of cervix.

C. H., N. Y.

Keep her bowels clear and clean. Give Buckley's Uterine Tonic, one granule every one to four hours for the pains. In the intervals let her take cicutine, brucine and viburnin, a granule of each, three to seven times a day, to tone up the uterus and sedate muscular spasm.—ED.

*Reply to Query 450.*

Perhaps the following will be of interest to S. D. S., Minn.:

Regular dosage Wampole's Cod-liver oil Compound; medical principles c. l. oil, fat eliminated, combined with ext. malt., fl. ext. prunus virg. and hypophosphites of calcium, sodium, potassium, iron, manganese, quinine and strychnine.

Was there ever a better combination? If so, I am not aware of it. No oily eructations, remarkably agreeable to palate, no digestive disturbances, etc., etc.

Externally: The leg brushed twice daily with an ordinary clothes-brush (good electricity by the way), then sponged thoroughly with tincture of nux vomica 4 oz., Bovinine 8 oz., tincture of capsicum 2 oz., and sodium phosphate 1 oz.

SUBSCRIBER.

Complete recovery followed in a similar case.—ED.

*Query 595.* Please give some alkaloidal pointers on treatment of cerebro-spinal meningitis in your next issue.

P., Texas.

Meet the onset with pilocarpine to full effect; follow with the Triad or Defervescents, with hyoscyamine for pallor or sweating; calcium sulphide and nuclein for infection; Intestinal Antiseptics and Saline Laxative as a routine for all fevers, and such other remedies as the symptoms demand.

Whether intense heat or intense cold should be applied to the back of the head and neck depends on the case. I favor heat.—ED.

*Query 596.* Boy, age 10, small and weak for age, ill every spring and summer; murmur at base of heart, enlarged spleen, temperature ranging  $100^{\circ}$ , never normal; frontal headache and vertigo, some mornings after rising will vomit; slight edema in face, feet and legs.

He lives close to a swamp.

W. C. A., Miss.

Keep the bowels clear and clean; forbid the use of all water unless boiled; give the tonic arseniates, iron, quinine and strychnine, with nuclein, all in full doses. If possible send him to a healthier neighborhood.—ED.

*Query 597.* A wife, 19, child five months old, in bed ever since had puerperal fever. Five weeks ago I found her with distended abdomen, no fever, constipated, no appetite, bad breath, acid stomach, short breath; no heart or lung trouble; pain between shoulders, at cardiac end of stomach and under sternum; stomach trouble for six years, but vomits no blood.

W. C. A., Miss.

Empty the bowels by colonic flushing and Saline Laxative, then keep them regular with some laxative like Maltine with

cascara or the new Fikulax. Probably the fever has left peritoneal bands and adhesions, for which massage the abdomen daily with hot camphor liniment. With her bowels in order the whole symptom group will probably subside.

For the stomach, possibly ulcer, give copper arsenite, seven granules daily, gr. 1-1000 each, and seven nuclein tablets.—ED.

*Query 598.* A COUPLE, wedded seven years, no children, anxious for some, both healthy; wife menstruates regularly, is fat.

L. V. W., La.

She may be too fat, or have endometritis or pyosalpinx. He may have no spermatozoa in his semen. Reduce her weight, and if none of these conditions is present, get a Gerard apparatus and inject the semen (passed into a condom) into her uterus, the day after menstruation ceases.—ED.

*Query 599.*—A mother, 35, short and stout, has dyspnea, debility, nervousness and liver-pain for two years; menses scanty and painful; constipated; valvular heart lesion; liver enlarged and tender; leg dropsical; urticaria follows irritation of the skin; erythema on washing; urine scanty, high color and s. g., containing sugar. I send some for examination.

J., Iowa.

The urine showed s. g. 1032, alkaline, no albumen or sugar, urea 0.50 (deficient), phosphates in excess, lime oxalate.

You will note the great deficiency of urea, also that the solids are wanting. The patient is wasting her nervous force in some way, as is evidenced by the excess of phosphates she is throwing off. She is not digesting food properly, and is excreting large quantities of oxalate of lime. If these are present in a fresh sample, hydrochloric acid with meals will help her. The train of symptoms which she gives are just such as you would expect to have attend a urine of this character.

First overcome her constipation by the regular use of Waugh's Laxative granules with an occasional dose of Abbott's Saline in the morning. The amount of waste which she constantly retains in the circu-

lation would account for the dull, tired feeling which she experiences.

One granule of mercury bichloride three or four times a day will help her to eliminate the toxines.

The heart-trouble may be at the bottom of all the difficulty, or it may not. Many a heart will leak in this way and yet carry the circulation all right through hypertrophy, provided the other body functions are properly performed. But digitalin, gr. 3-67 every four hours for a week will certainly benefit her, followed by sparteine gr. 6-67 *t. i. d.* We should expect to find the liver enlarged with all the toxic retention. This also accounts for the irritability of the skin. *Clean her out!* CLEAN HER OUT! Clean her out by the kidneys and by the skin and by the bowels, and keep her clean. You possibly might need some of the sulphocarbonates as intestinal antiseptics, and if you do, nothing is better than the purified sulphocarbonates in the W-A tablets.—ED.

*Query 600.*—How would you treat chronic synovitis in the knee joint? There has been no suppuration.

H. K. B., Mich.

Draw off the fluid with an aspirator, aseptically, and inject europhen-petrolatum. If the fluid contains tubercle bacilli, treat with Nuclein hypodermically, m xv, once a day near the joint. If you find gonococci, give calcium sulphide, gr. viij daily. In all cases, massage the knee daily with hot cod-liver oil and wrap it with flannel saturated with the oil and covered with oiled silk.—ED.

*Query 601.*—A healthy looking man, 64, has dull pain in the lumbar region, nearly constant, also along ureters; impotent; phosphaturia; no sugar or albumen in urine; always melancholy.

P. I., Texas.

At 64 he ought to be willing to quit family duty. This man evidently has disease of the prostate. I would advise injecting europhen-petrolatum into the prostatic urethra every day. Give him internally

fluid extract of corn-silk in full doses, and I think you will find improvement.—ED.

*Query 602.* A baby ten months old, very strong and healthy, for four months has been troubled with small black worms, about one eighth of an inch in length; medicine given for worms causes him to pass them very freely, but in a few days the same medicine causes the same effect.

The medicine has been given him very regularly for six weeks, but no change in the number of worms is noted.

He has good digestion, eats well, teeth (10) caused little trouble, sleeps good, kidneys act well, has not used the breast for four weeks.

Can you advise anything that may entirely remove the above?—ONE OF THE FAMILY.

Send us some worms for examination. Experiments made in a London hospital showed that of all the remedies for intestinal worms but one succeeded in eradicating them so that neither they nor their eggs continued to pass in the stools. This remedy was cowhage down. But I am strongly of the opinion that few if any of these parasites will withstand a treatment by Saline Laxative, W-A Intestinal Antiseptics and tincture of iron. My reason for recommending these is that worms do not like iron, nor do they flourish in a bowel that is clear of debris and catarrh and aseptic. If they fail and you cannot get cowhage, give oil of turpentine.—ED.

*Query 603.* A man, 63, previous excellent health, six feet tall, weight 250; two years ago awoke and found left leg totally paralyzed, left arm partially. He recovered rapidly. One month later, at dinner-table, the entire left side, except the face, was paralyzed; intense hyperesthesia of side, so exquisite that the most careful touch of fingers to move the foot seemed as though each finger was a tack hammer and was hitting him sharp taps; tetanic spasms every few minutes, opisthotonus and pleurostethosis. The hyperesthesia is very much less, but those convulsive attacks keep up, occurring mostly at night and when lying down. The only thing that relieves them is to get up and walk around on crutches. The arm is nearly restored, so is the thigh; but little action in leg; almost no motion in ankle joint. Still the cramps murder sleep.

For a year he has used morning and night hypodermatically  $\frac{1}{4}$  gr. morphine, and has not increased the dose.

Can any of your correspondents suggest anything that would relieve or cure those horrid cramps? He would be all right but for those at night. He has suffered from the first with sciatica; from pressure on the nerve when all the muscles were paralyzed. This only troubles him when sitting, and prevents riding in carriage.

V. D., Fla.

The cause of the paralysis is not clear, but it is evident that there is some morbid matter which should be absorbed. Take iodoform about three grains a day, mercury biiodide seven granules a day, apply counter-irritation, best by the solid nitrate of silver over the spine, drawing three or four lines the whole length of the spine, but not too heavy. Massage is useful. The first duty is to keep the bowels regular. Do not let them become constipated on any account. If the iodoform causes sneezing, lessen the dose. If not, increase the dose so as to keep just inside the quantity which would cause sneezing.—ED.

*Query 604.* MRS. D., aged thirty-one; married thirteen years, aborted three times, went to term next two times; had subinvolution following each labor, subsiding promptly on treatment until the last, three years ago, and has resisted all treatment since. She had subinvolution without apparent cause. Chronic endometritis still exists. She can be about more than in the early stages, but is only dragging. She is delicate, with a family tendency to uterine troubles. Some complications exist, such as dyspepsia, constipation, nervousness; menstruation is very irregular as to time and quantity; she complains a great deal of misery in her back, between hips, and bearing-down sensations in her bowels; also some bladder trouble.

R. W. C., N. Y.

She needs a long sexual rest, beginning with six weeks' absolute rest-cure in bed; the endometritis cured by europhen-petrolatum, the subinvolution drained away by glycerin tampons and hot vaginal flushing; the strength restored by Nuclein (Aulde), good food and Bovinine, a tablespoonful every four hours. The dyspepsia will disappear under proper feeding and regulation of the bowels. She certainly must need calcium lactophosphate, as a tissue builder, and surely her relaxed tissues require to be bound up by full doses of strychnine. That'll do for a beginning.—ED.

*Query 605.* A boy, aged twelve; syphilitic; very anemic; constipated. Had typhoid fever two years ago, and troubled with an internal affection ever since; pain in the back of head which throws him into a fever sometimes. Pus has been discharging from his ear for a year and has a very offensive odor. His hearing began to fail a little and gradually got

worse, while now you have to talk very loud to get him to hear you at all. The trouble is periodical; better at times than at others. R. C. B., Tex.

The case is one of purulent otitis; and I would suggest washing out the ear with Hydrozone. Internally give calcium sulphide, three grains a day, and cod-liver oil in case the boy needs it, which he very likely does. You may get some valuable suggestions from our readers.—ED.

*Further history of Query 530* A year and a half ago Mr. McC's nose got sore; a doctor gave him something to apply; left it six hours, when all pain had ceased; took the skin off. A short time afterwards the nose got sore the same way; consulted another doctor; took medicine and got the same local application. Doctor No. 2 put something into a bottle that looked like quinine, then added something else. The medicine was sour and bitter, and if a drop fell on the oil-cloth, it ate a hole through it, and he gives this medicine credit for causing the loss of sensation in his hands. His case was diagnosed as erysipelas. It was confined wholly to the nose, did not spread on the face at all; nose filled up inside, and he used what I judge from his description to have been the peroxide of hydrogen. This is all the history I can get. S. J. S., Neb.

No known drug can cause permanent sensory paralysis, occurring in both hands at once.—ED.

*Query 606.* MARRIED lady, aged seventeen; six months since began attacks of bilious fever, taken very suddenly with severe pain in the right inguinal region, which radiated up the ascending colon to the junction of the right lumbar and hypochondriac regions, then to the stomach, where it would stay awhile, and then attack the umbilical region; the pain all the time severe in the appendix; temperature 104°, pulse 115, full and hard to compress; abdominal muscles tense; face pinched and indicated excruciating pain; frequent desire to defecate, but bowels moved only after an enema, a quart of pure bile, which contained several little fecal balls, emitting an odor that would make a dissecting room ashamed of itself. After several evacuations she seemed a great deal easier. I had previously given three grains of morphine, but didn't get much effect from it. I put flannels wrung out of hot water and turpentine on her stomach, inguinal and umbilical regions; in fact, I had her whole abdomen enveloped in hot flannels. I repeated this every five minutes till I had completely exhausted myself, and then I had to resort to cantharidal collodion to blister her. She was easy in a few minutes, but the pain and tenderness were severe for twenty-six hours, when she began to improve rapidly, and is now, four days since she was first taken, up and looks very well, but she feels weak yet. When she got up to defecate she would vomit a little mucus. She was for over two days as yellow as a pumpkin, but that gradually disappeared. What was it? R. C. B., Texas.

Your case was undoubtedly spasm of the gall-ducts, induced by calculus or catarrh,

possibly by an intestinal worm which had crawled in. Your treatment was bad. You should have given hyoscyamine amorphous with glonoin, a granule of each every ten minutes till effect, supplementing this when the pain was very severe with a little chloroform by inhalation.

To prevent similar attacks keep her on sodium phosphate, enough of it every day to keep the bowels regular. If she has another attack try the treatment suggested, and as the attack will show that there are still gall-stones present, give her sodium succinate, five grains, four times a day, for six months.—ED.

*Query 607.* WHAT is the best treatment for curing the tobacco habit? S. M., Ill.

The best advice I can give is that you send to the Standard Chemical Co., 1016 Cherry St., Philadelphia, for a supply of Cocabola. This consists of a mixture of coca leaves, with several of the caffeine-bearing plants, devised by me many years ago, put up in the shape of chewing gum. Let your patient chew three or four pieces of it a day, using it when the desire for tobacco comes on him.

Meanwhile give him granules of hydrastin, one every two hours; best if he allows it to dissolve in his mouth before swallowing. Keep his bowels regular, and, if necessary, use Intestinal Antiseptic. You can cure the man if he wants to be cured; otherwise, as soon as he finds the medicine is beginning to "monkey" with his liking for tobacco, he will quit using the medicine and blackguard it. He would have to use it for about four weeks before the cure was accomplished.—ED.

*Query 608.* LADY, 40, plethoric, subject to migraine, no menses for eighteen months, for five years flushed followed by perspiration, six to twenty a day, getting worse; becoming discouraged, and nervous. Bromides give temporary relief; has idiosyncrasy to belladonna.

A. N., N. Y.

The discomfort and danger of the menopause are on her.

Keep her on a vegetable diet as closely

as possible. Regulate her bowels with Saline Laxative, a full dose every morning. She very likely needs the W-A Intestinal Antiseptics. See if the stools are not offensive; if so, give her seven a day. Macrotin would also be of value to her, about ten granules a day, as it often relieves all the symptoms of this period.—ED.

*Query 609.* A GIRL, 3, had cerebro-spinal meningitis in February, is emaciated, listless, only skin and bones, can hardly move about, is conscious, but does not speak, temperature 100° to 102° afternoons, pulse normal but frequent, lungs free, a dry husky cough, eats well, bowels normal, milky urine, passed involuntarily; answers calls, licks the spoon when told but is apathetic, no more symptoms of irritation of brain or spine. The whole aspect is weakness and a degree of fever.

A. O., Neb.

I can only say that you have a bad case, and the chances are against you; but I would continue the use of nuclein, apply nitrate of silver to the back of her neck, give her as much iodoform as she can bear internally without causing iodism, and shave the back of her head and apply iodoform ointment to the scalp, also to the neck. Keep her bowels aseptic with W-A Intestinal Antiseptics. Give her a hot salt bath every day and after it rub the whole body with cod-liver oil. The object is to keep up strength and promote absorption of the disease products.—ED.

*Query 610.* My wife's father died from tuberculosis. My wife is now 32, four children, the youngest five months old, lives in a malarial district; since her last confinement the glands of her neck have become enlarged; pain in head and down arm; no cough. The baby also had an enlarged gland in neck but it disappeared. She is decreasing slowly in flesh.

W. E. B., Mo.

I do not like the look of your wife's case, although it does not follow that the glandular inflammation is necessarily tuberculous.

Give it the benefit of the doubt and place her on treatment as follows: Locally, fluid extract of phytolacca applied on cotton, or boiled down and made into an ointment or plaster, but applied constantly. Keep the bowels open with Saline Laxative, and disinfected with W-A Intestinal Anti-

septics, and give iodoform three grains a day, increasing until you get sneezing, then keep as close to the sneezing point as you can. If this does not give relief within three weeks let us hear from you again. Give Nuclein Aulde, fifteen minims once a day, injected as near as you can to the inflamed glands. Feed her well and get her out of the malaria.—ED.

*Query 611.* A MAN, twenty, slight build but hard worker; three years ago had leakage from left eye, with some ear trouble, two years ago had pertussis, and a small tumor appeared over the hyoid bone; last July his left face paralyzed, corner of mouth drawn, tongue and throat unaffected, left eye drawn, uvula drawn to left, headache at night; poor appetite; weak. Please assist.

J. W. J., Texas.

Facial paralysis, possibly due to the primary affection of the ear. Examine that organ specialistically, and get your indication for treatment. Massage the paretic muscles with hot camphor liniment, and give mercury salicylate or biniodide, seven granules a day, with strychnine hypophosphite and zinc phosphide, same dose.—ED.

*Query 612.* A BOY, seventeen; six years ago fell and scraped the palms of his hands upon gravel, and ever since the skin hardens and cracks. There is a good deal of itching, and when the skin breaks there is pain. The patches are the size of a quarter dollar. He has perfect health otherwise. I have tried everything recommended for psoriasis, without permanent relief. I have gotten a great many ideas from the CLINIC, am using the alkaloids to some extent, and am much pleased with results.

F., Ill.

Palmar psoriasis is almost always syphilitic. Give him mercury salicylate, seven granules a day; keep his bowels regular with Saline Laxative, a dose on rising; give seven W-A Intestinal Antiseptics daily to render the bowels aseptic. Locally apply boro-glyceride every night until the hands are soft, then an ointment of red precipitate, in lard and glycerin, about five grains to the ounce. Oleate of tin and powdered graphite have been recommended for deep fissures. Keep him on plain food, the vegetarian regime being best.—ED.

*Query 613.* ENCLOSED find \$2.00 for examination of urine. The patient, a lady, forty-seven, has had cystitis for eighteen months, following influenza.

Four weeks ago she passed much blood for three days; temp.  $103^{\circ}$ , now  $99.5^{\circ}$ . Walking causes a weak feeling in the bladder and generally, requiring some days' recuperation. There is pain in the bladder during and more after urinating, which occurs every three hours. The lady was a teacher, but had a nervous breakdown some years ago; has weak digestion, intestinal, with loose bowels; stomach easily disturbed; mental influences potent; very weak; pulse 100; sits up when bowels move, only with help; rapid emaciation; uses Papine at night; corn-silk relieves the vesical pain. She has anorexia, flatulence, extreme debility; vesical pain only at night. There is a small rectal polypus.

O. J. T., N. Y.

**Urine alkaline (volatile), s. g. 1017;** albumen 0.5; chlorides and sulfates deficient; phosphates large excess; urea 0.9; bile a trace; loaded with mucus and leucocytes, some blood and pus corpuscles. The source of the hemorrhage can only be guessed at without an examination, best by the cystoscope, as described in the CLINIC by Bayard Holmes. There may be vesical polypus or cancer. In any event, you have a troublesome case of a nervous, broken down school-teacher, and have got to treat her very gently and continuously for a long time. Keep her on vegetable food with fairly good doses of strychnine arseniate, and half-grain doses of lithium benzoate, with a big drink of water in the middle of the forenoon, the middle of the afternoon and at bed-time. It may be well also to give a couple of drops of turpentine on sugar, two or three times a day occasionally. Let the bladder be flooded every day with very hot boric acid or permanganate solution. Look out for your anodynes or you will have a morphine habitue on your hands. Hyoscyamine, two granules every two to four hours, will often relieve urinary pain better than morphine. I am glad to know of your use of fluid extract of corn-silk. Large doses of Saline Laxative should be given every morning to keep the bowels in good condition, and every effort made to regulate the diet so that fermentation shall not occur. If it does occur, control it with the compound sulphocarbolates—W-A Intestinal Antiseptic.

The polypus in the rectum should be re-

moved immediately. Cut or tie it off, as you and the patient think best. There is but slight difference in the reports from the two days' specimens. It is not a bad case of cystitis, but the urine does show a very bad digestion, with a deficiency in the amount of solids excreted.—ED.

**Query 614.** A FARMER, forty-five. On ball of left thumb, past and free from last joint, is a spot as large as a dime, of exquisite tenderness, red, smooth, shining, skin unbroken, and the whole thumb atrophied. At times lancinating pain prevents work. The condition has been much the same for twenty years. No knowledge of an injury. Iodine has no effect on it. What is it and how treat it?

J. E. W., Ky.

Your case is one of local neuritis, probably due to injury. I would try him with zinc phosphide, gr. 1-6, three times a day, and if you have a static machine I would try that. Otherwise he will only get relief by resecting a piece of the nerve.—ED.

**Query 615.** I HAVE a case of gall-stones to whom I am giving sodium succinate, four tablets a day, and Saline Laxative every morning, but still she continues to have a "spell" every week or ten days. Has been on this treatment for over a month and no change.

She had been treated in the "regular" way for a year, and no results. The laxative only moves her bowels once, and they do not move at all unless she takes it. Only for the hepatic trouble she would be the picture of health.

If you will kindly tell me more how to use the succinate than there is told in any of the printed matter I will be greatly obliged. I am unable to find anything in any of the books as to what sodium succinate is.

F. W. M., Iowa.

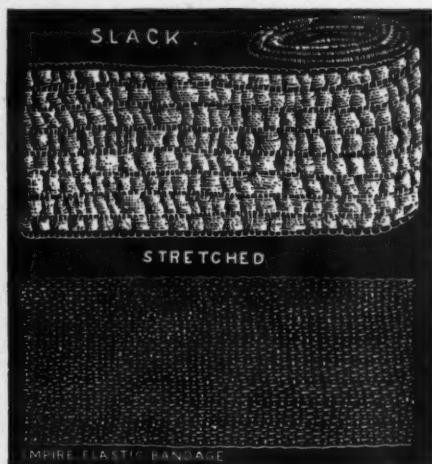
You evidently need something more active for her bowels. I would suggest an eclectic hepatic tablet, or a dose of podophyllin, every night, to keep the bowels regular. Sodium succinate is a combination of soda with succinic acid. It acts slowly, but quite certainly.

Regulate your patient's diet carefully, forbidding fat, ices, and an excess of sugar. I think probably a colonic flushing two or three times a week is needed in this case. Meet the paroxysms with hyoscyamine, glonoin and strychnine arseniate, small doses, very rapidly repeated till effect.

—ED.







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It is deficiency or degeneration of the tissue walls. This allows extravasations of blood, and diapedesis of corpuscles, forming eruptions and suppuration. It is not "bad blood," but bad tissues.

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Now, Doctor, your scrofulous patient is in the same condition, with this difference: Nature is constantly removing the old material in his tissue walls, and replacing it with new. In seven years, without any cessation in his existence, he will be composed of entirely new material. This gives you a golden opportunity to put in some extra good material.

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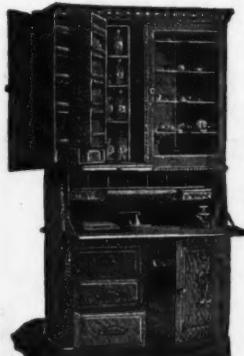
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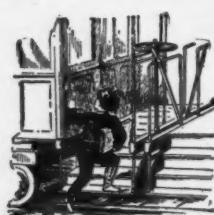
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## FROM CURRENT LITERATURE

**SYNOPSIS OF MEDICO-SANITARY LEGISLATION PASSED IN ILLINOIS BY THE 41ST GENERAL ASSEMBLY, WHICH ADJOURNED ON APRIL 14, 1899.**

1. An act to establish a State Colony for Epileptics, the object of which is to secure humane curative and scientific treatment and care of epileptics.

2. An Act to provide for the appointment of a State Food Commissioner and to define his duties and fix his compensation, and to prohibit and prevent adulteration, fraud and deception in the manufacture and sale of articles of food. Under this Act, it shall be the duty of the Commissioner to enforce all laws that now exist or may hereafter be enacted in this State regarding the production, manufacture or sale of dairy products, or the adulteration of any article of food, and personally or by his assistants to inspect any article of food made or offered for sale within this State, which he may, through himself or his assistants, suspect or have reason to believe to be impure, unhealthful, adulterated or counterfeit, and to prosecute or cause to be prosecuted, any person or persons, firm or firms, corporation or corporations, engaged in the manufacture or sale of any adulterated or counterfeit article or articles of food which are contrary to the laws of this State.

3. An Act giving the State Board of Health supervision of all lodging houses in cities of 100,000 or more. Under the provisions of this measure, it shall be unlawful for more than six persons to occupy the same room for sleeping purposes at the same time in any such lodging house, and no room in such lodging house shall be occupied for sleeping purposes which does not contain four hundred cubic feet or more of space for each person sleeping therein at the same time. Any person or persons violating any of the provisions of this section shall be adjudged guilty of a misdemeanor and shall be liable to a penalty not exceeding \$100. Any landlord, keeper, manager or clerk of any lodging house who wilfully or knowingly aids, counsels, ad-

vises or permits any person to do any act in this section constituted an offense shall be deemed guilty of a misdemeanor and shall be liable to a penalty not exceeding \$100 nor less than \$25.

4. An Act to amend "An Act Concerning Corporations", which provides that the Attorney General may file a bill in the chancery in the name of the people of the State of Illinois, against any corporation authorized to confer degrees, diplomas, or other certificate or certificates of qualification in the science of medicine, pharmacy or dentistry, which conducts a fraudulent business or abuses, misuses or violates the terms of its charter, in any court having jurisdiction of the corporation and subject matter of such bill, for an injunction to restrain said corporation from conducting its business fraudulently or abusing or violating the terms of its charter, and also for the dissolution of said corporation, and thereupon it shall be the duty of the court in which said bill is filed to grant such injunction and to hear and determine the same as in other cases in chancery.

The enforcement of this law will summarily put an end to the operations of the "diploma mills" which have disgraced the State at home and abroad for many years.

5. An Act to regulate the practice of medicine in the State and repeal all previous laws.

This measure, which goes into effect July 1, 1899, provides for the examination and licensing of persons who desire to practise medicine and surgery in all their branches, for those who desire to practise midwifery and for those who desire to practise any other system or science of treating human ailments, who do not use medicines internally or externally, and who do not practise operative surgery.

Applications from candidates who desire to practise medicine and surgery in all their branches, shall be accompanied by proof that the applicant is a graduate of a medical college in good standing, as may be determined by the board. Provided that graduates of legally chartered medical colleges in Illinois in good standing as may

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## WHY SPECIFY **PEACOCK'S BROMIDES?**

Because the salts entering its composition are absolutely neutral and chemically pure; its standard of strength is constant, and its action will not create nausea, so frequently attending the administration of the commercial salts. It is a scientific blending of the five bromides of Potassium, Sodium, Ammonium, Calcium, and Lithium, each fluid drachm representing fifteen grains of the combined salts. In this form the bromide treatment may be employed with the best possible results, and the least possible evil effects.

**DOSE:** ONE OR TWO TEASPOONFULS THREE OR FOUR TIMES A DAY, AS INDICATED.

## **CHIONIA.**

### AN INNOVATION IN HEPATIC STIMULATION.

Acting purely as an hepatic stimulant without producing severe catharsis, its physiological action is gradual but certain. It stimulates portal circulation, and strengthens the lymphatics. This makes it a valuable addition in the general treatment of all diseases in which the liver has become sluggish. As a clinical test for the above facts, administer Chionia in connection with your tonic treatment, and note the largely increased action of the tonic.

**DOSE:** A TEASPOONFUL THREE OR FOUR TIMES A DAY.

PUT UP IN HALF-POUND  
BOTTLES ONLY.

Samples of PEACOCK'S BROMIDES and CHIONIA  
to Physicians who will pay Express Charges.

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## **CACTINA PILLETS**

SAFE AND RELIABLE IN ALL

## **HEART TROUBLES.**

**DOSE:** One pillet every hour, or less frequent, as may be necessary.

**SAMPLE MAILED FREE TO PHYSICIANS.**

## **SENG DIGESTIVE SECERNENT**

Increases the amount and quality of the digestive fluids, thus improving

## **DIGESTION.**

**DOSE:** A teaspoonful before meals. The dose before breakfast preferably taken in tumbler hot water.

**Sample to Physicians who will pay Express Charges.**

**SULTAN DRUG COMPANY, St. Louis and London.**

*Please mention THE ALKALOIDAL CLINIC when writing.*

be determined by the board may be granted certificates without examination.

Examinations may be made in whole or in part in writing by the board, and shall be of a character sufficiently strict to test the qualifications of the candidate as a practitioner. The examination of those who desire to practise medicine and surgery in all their branches shall embrace those general subjects and topics, a knowledge of which is commonly and generally required of candidates for the degree of doctor of medicine, by reputable medical colleges in the United States. The examination of those who desire to practise midwifery shall be of such a character as to determine the qualification of the applicant to practise midwifery. The examination of those who desire to practise any other system or science of treating human ailments shall be of a character sufficiently strict to test their qualifications as practitioners. Provided that those who are authorized to practise other systems cannot use medicine internally or externally, or perform surgical operations, and that only those who are authorized to practise medicine and surgery in all their branches, shall call or advertise themselves as physicians or doctors. Provided further, that those who are authorized to practise midwifery shall not attend other than cases of labor.

The fees for examination and for a certificate shall be as follows: Ten (\$10) dollars for examination in medicine and surgery and five (\$5) dollars for a certificate if issued. Five (\$5) dollars for an examination in midwifery, and three (\$3) dollars for a certificate if issued. For all other practitioners ten (\$10) dollars for an examination and five (\$5) dollars for a certificate if issued.

The State Board of Health may refuse to issue the certificates provided for in this act to individuals who have been convicted of the practice of criminal abortion, or who have by false or fraudulent representation obtained or sought to obtain practice in their profession, or by false or fraudulent representation of their profession have obtained or sought to obtain money or any other thing of value, or who advertise under names other than their own, or for any other unprofessional or dishonorable conduct, and the board may revoke such certificate for like causes.

Any person shall be regarded as practis-

ing medicine, within the meaning of this act, who shall treat or profess to treat, operate on or prescribe for any physical ailment or any physical injury to or deformity of another. This section does not apply to any person who ministers to or treats the sick or suffering by mental or spiritual means.

The examination of those "who desire to practise any other system or science of treating human ailments," who are not permitted to call or advertise themselves as physicians or doctors, or to use medicine or perform surgical operations, will probably be in the following branches: Anatomy, physiology, chemistry, histology, pathology, bacteriology and hygiene.

#### A HIT IN THE RIGHT SPOT.

A bill for an act to regulate the practice of osteopathy in the State passed the Senate but died in the House.

This measure provided that the State Board of Health should issue certificates of qualification to persons presenting diplomas from legally chartered osteopathic schools, said certificates to be conclusive as to the right of the lawful holders to practise osteopathy in the State.

The bill provided further that the system, method and science of treating diseases of the body, commonly known as osteopathy, is hereby declared not to be the practice of medicine or surgery.

It will be remembered that an osteopathic bill passed both branches of the Legislature in 1897, but was vetoed by Governor Tanner.

#### HEMATURIA.

Dr. David Stuart (*London Lancet*) classifies renal diseases with reference to hematuria, as follows: 1. Traumatismal: injury, calculus. 2. Passive hyperemia: pressure on renal veins, torsion of the same, reflex spasm of arterioles. 3. Inflammatory hyperemia: nephritis, acute and chronic, tuberculous disease, cystic degeneration and hydatids. 4. Tumors of the kidneys.

#### EARACHE.

Atropine, in solution, says the *Louisville Medical Monthly*, is an excellent remedy for earache. A drop or two of a solution of four grains to the ounce of water will be sufficient.

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